

## **EXHIBIT C**



# GENEVA COUNTY JAIL INMATE REQUEST FORM

NAME \_\_\_\_\_ CELL \_\_\_\_\_ DATE \_\_\_\_\_  
TELEPHONE CALL \_\_\_\_\_ MEDICAL ☒ DENTAL \_\_\_\_\_ HEARING REQUEST \_\_\_\_\_  
GRIEVANCE \_\_\_\_\_ VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_ OTHER \_\_\_\_\_  
SHERIFF ☒ JAIL ADMINISTRATOR \_\_\_\_\_ JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER \_\_\_\_\_ MARTON \_\_\_\_\_ JAIL ADMINISTRATOR ☒ SHERIFF \_\_\_\_\_

JAILER \_\_\_\_\_ SIGNATURE *[Signature]* DATE 10/18/09 TIME 8:55 PM

TO BE PLACED IN INMATE'S FILE

*NGU* *205 PM*  
*[Signature]*



# GENEVA COUNTY JAIL INMATE REQUEST FORM

NAME Nuno David CELL L/S DATE 6-2-05  
 TELEPHONE CALL \_\_\_\_\_ MEDICAL X DENTAL \_\_\_\_\_ HEARING REQUEST \_\_\_\_\_  
 GRIEVANCE \_\_\_\_\_ VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_ OTHER \_\_\_\_\_  
 SHERIFF X JAIL ADMINISTRATOR X JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.  
I need medical attention to my arm. I have a  
knot on my left arm which is giving me  
problems by itching a burning sensation. I would  
like to get it checked out if it's a staph  
infection.

ASAP Thank You!

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER \_\_\_\_\_ MATRON \_\_\_\_\_ JAIL ADMINISTRATOR ✓ SHERIFF \_\_\_\_\_  
 JAILER [Signature] DATE 6-3-05 TIME 803 AM  
 SIGNATURE

TO BE PLACED IN INMATE'S FILE

DR. OFC. closed on Friday's  
Will call for appt on Monday 6-6-05

Just make to contact K4  
6-4-05/6-6-05 C7



GENEVA COUNTY JAIL  
INMATE REQUEST FORM

Copy 1  
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NAME Nunn Snow CELL 45 DATE 6-3-02

TELEPHONE CALL \_\_\_\_\_ MEDICAL X DENTAL \_\_\_\_\_ HEARING REQUEST \_\_\_\_\_

GRIEVANCE \_\_\_\_\_ VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_ OTHER \_\_\_\_\_

SHERIFF \_\_\_\_\_ JAIL ADMINISTRATOR \_\_\_\_\_ JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

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Please

I have a sharp pain in my hole left arm  
which is a big knot up under my skin. I  
need to go to the emergency room, to get it  
seen about and get some pain pills. I believe  
it's staph infection. ASAP Call Greg  
Thank You

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER \_\_\_\_\_ MATRON \_\_\_\_\_ JAIL ADMINISTRATOR \_\_\_\_\_ SHERIFF \_\_\_\_\_

JAILER \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

TO BE PLACED IN INMATE'S FILE

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Copy 1  
PleaseGENEVA COUNTY JAIL  
INMATE REQUEST FORMCopy 1  
PleaseNAME Munn, Janel CELL 4/5 DATE 6-4-05TELEPHONE CALL \_\_\_\_\_ MEDICAL X DENTAL \_\_\_\_\_ HEARING REQUEST \_\_\_\_\_

GRIEVANCE \_\_\_\_\_ VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_ OTHER \_\_\_\_\_

SHERIFF X JAIL ADMINISTRATOR X JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

I need to go to the emergency room. I'm running a high fever. My arm is turning purple. I need medical attention. Call the Sheriff's Office. A note is being sent to my arm. I can't wait for an appointment. I need to go to the emergency room. And don't through it away. I need a copy.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER \_\_\_\_\_ MARTON \_\_\_\_\_ JAIL ADMINISTRATOR \_\_\_\_\_ SHERIFF \_\_\_\_\_

JAILER \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

TO BE PLACED IN INMATE'S FILE

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GENEVA COUNTY JAIL  
INMATE REQUEST FORM

NAME Nunn Jewel CELL L/S DATE 6-5-05

TELEPHONE CALL \_\_\_\_\_ MEDICAL \_\_\_\_\_ DENTAL \_\_\_\_\_ HEARING REQUEST \_\_\_\_\_

GRIEVANCE ☒ VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_ OTHER \_\_\_\_\_

SHERIFF ☒ JAIL ADMINISTRATOR \_\_\_\_\_ JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

Given when you get time I want you to come and look at  
the situation with me and if want for Mrs. Owens  
being concern and understanding that I'm a human-being  
the matter with my arm and the pain worse. Also he  
told some of the staff to not to be mean and respect some  
others. I can understand of the problems to work that.  
Marahana, Fred, Francis also to not be mean either.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER \_\_\_\_\_ MARTON \_\_\_\_\_ JAIL ADMINISTRATOR \_\_\_\_\_ SHERIFF \_\_\_\_\_

JAILER \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

TO BE PLACED IN INMATE'S FILE

\_\_\_\_\_  
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Copy  
Please.

SHERIFF X JAIL ADMINSTRATOR \_\_\_\_\_ JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.  
I was running a fever Friday morning, and had a open wound on my arm. I ask your jail administrator (Carl Rowe) to take me to get some Medical attention, as well as a nurse and doctors to find out I didn't have any more pain, and he ignored the fact that I was in pain and needed Medical attention. He told me that I had to wait for attention, and after some time he caught on that just because he said I was in pain, he was not going to help me.

FOR SHERIFF'S DEPARTMENT USE ONLY

JAILER \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

3401

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21



GENEVA COUNTY JAIL  
INMATE REQUEST FORM

NAME \_\_\_\_\_ CELL 4/5 DATE 6-6-05  
TELEPHONE CALL \_\_\_\_\_ MEDICAL \_\_\_\_\_ DENTAL \_\_\_\_\_ HEARING REQUEST \_\_\_\_\_  
GRIEVANCE \_\_\_\_\_ VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_ OTHER \_\_\_\_\_  
SHERIFF ☒ JAIL ADMINISTRATOR ☒ JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

I need to see a doctor today  
the wound on my arm is getting  
deeper - it is throbbing  
there's no feeling in it. If you don't come

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER \_\_\_\_\_ MARTON \_\_\_\_\_ JAIL ADMINISTRATOR \_\_\_\_\_ SHERIFF \_\_\_\_\_

JAILER [Signature] DATE 6-6-05 TIME 1215 PM  
SIGNATURE

TO BE PLACED IN INMATE'S FILE

Given to ER 6-6-05  
27 3429





Copy  
Please

GENEVA COUNTY JAIL  
INMATE REQUEST FORM

NAME Nunn Lowell CELL h/s DATE 6-16-05

TELEPHONE CALL \_\_\_\_\_ MEDICAL \_\_\_\_\_ DENTAL \_\_\_\_\_ HEARING REQUEST \_\_\_\_\_

GRIEVANCE \_\_\_\_\_ VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_ OTHER \_\_\_\_\_

SHERIFF X JAIL ADMINISTRATOR X JUDGE \_\_\_\_\_ NOTARY \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

Can I get time to go to the first train smoking, help me out of being down here. I'm ready to RIDE. I can get a contact with some friends, and one friend who can help me out.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER MARTON JAIL ADMINISTRATOR \_\_\_\_\_ SHERIFF \_\_\_\_\_

JAILER [Signature] SIGNATURE DATE 6-20-05 TIME 1:00 p

APR. 6-20-05 TO BE PLACED IN INMATE'S FILE

6-20-05 Weeks When to Take Jail to Dan. I will send the deal but I want to go to Gallard AR PARRISH to get it.



GENEVA COUNTY JAIL  
Prisoner's Activity Sheet

DATE	Prisoner's Name:
9-22-03	Subject brought in by 3403 for F-T-P C/S Warrant. Subject was booked and placed in H/C
<del>11-22-03</del>	<del>Placed in By Sumner 7 48 h</del> <del>Placed on 2 side Can get out</del> <del>1-22-04 At 10:00</del>
1-21-04	Ad to mother - per TRACY wife 100 Happen
7-27-04	Subj brought to CJ for Charges of Trafficking C/S (Coc) Poss of marij and, Poss of Drug para. Subj. Booked and placed on Left side.
8-4-05	Subject Brought to CJ for Court Subject Placed on C/S
8-5-05	Placed to HOC



GENEVA COUNTY JAIL  
Prisoner's Activity Sheet

Prisoner's Name:

Jowel Nunn

6:05 at 1:00 I-35 when to take Inmate  
to the Parish off Inmate was put in  
Booking Room for I-35. He said they  
would not put him in jail he said  
not need to go to jail - Call DP off to go  
for him

7:05 Sent to OK 25 year JP



**Wiregrass**  
**Medical Center**  
Growing To Serve You

1200 West Maple Avenue  
Geneva, AL 36340  
Voice: 334-684-3655  
Fax: 334-684-3231

**AUTHORIZATION FOR USE OR DISCLOSURE OF  
INFORMATION**

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

Patient name: Nunn Sowel Medical Record #: 513688  
Social Security # 422847896 Dates of service requested 10-4-05

Persons/organizations providing the information: WMC

Persons/organizations receiving the information: patient's mother  
Specific description of information: ☐ Entire Chart ☐ History & Physical ☐ Discharge Summary ☐ Progress Notes  
☐ Operative Report ☒ Laboratory Reports ☐ X-Ray Reports ☐ EKG  
☐ Nurses Notes ☐ Other \_\_\_\_\_

Purpose of Use or Disclosure: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ (Will expire in ninety days if not specified)

The patient or the patient's representative must read and initial the following statements: I understand that I may revoke this Authorization at any time by notifying the Wiregrass Medical Center Privacy Officer in writing, but if I do, it will not have any affect on any actions Wiregrass Medical Center took before they received the revocation.

Initials: SS

I understand that Wiregrass Medical Center may not condition the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits on signing this Authorization, except under the following circumstances:

Participating in research projects can be conditioned on my signing an Authorization to use and disclose PHI in the research.

Initial enrollment in health plans can be conditioned on signing an Authorization for the health plan to review PHI to make eligibility determinations.

Furnishing healthcare services to me at the request of a third party can be conditioned on me signing an Authorization for disclosure of the PHI to the third party requesting the treatment

Initials: SS

Signature of patient or patient's representative: [Signature] Date: 6-7-05

Printed Name of patient's representative: Sowel Scarpine Nunn

Relationship to the patient: \_\_\_\_\_

Witness: [Signature]

Witness: [Signature]





**Wiregrass**  
**Medical Center**  
Growing To Serve You.

1200 West Maple Avenue  
Geneva, AL 36340  
Voice: 334-684-3655  
Fax: 334-684-3231

**Fax Transmittal**

This transmission contains 2 pages including cover. If any part of this message is received poorly or missing, please call 334-684-3655.

To: Sheriff's Dept. From: Medical Records  
Company: Lynn  
Date: 6-7-05  
Fax #: 684-5666

**Notes:**

SSN Please have Mr. Nunn  
initial in two places and  
then sign in one place.  
We also need two witnesses.  
Please advise Mr. Nunn that  
there will be a fee of \$7.00  
that his mother will need  
to pay when she comes to  
pick up his records. Thanks

**Disclaimer/Confidentiality Notice**

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SSN



Jail

## ACRO369 ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY  
CONTINUATIONCASE: CC 2003 000288.00  
JUDGE ID: PBM

STATE OF ALABAMA VS NUNN JOWELL S

DATE ACTION, JUDGMENTS, CASE NOTES

4/26/05 Motion to Dismiss for want of Prosecution filed by atty Sawyer.

4/28/05 Mr. President met with Q (d)

5/5/05 Motion to dismiss is denied. KW

5/5/2005 MOTION TO DISMISS IS DENIED. /s/ KENNETH W QUATTLEBAUM

5/5/2005 COPY OF CAS TO DA, SAWYER, HUGHES AND S/O. mh

6-14-05 Def appeared with counsel and entered a POG to PGM 1<sup>st</sup> Degree as charged in the indictment. Court finds and adjudges Def guilty. Sentenced to 25 years to DOC, CC with CC-04-428 as HFO with 3 prior felony convictions. To pay CC, IAF + \$180.00 VCF. Def is remanded to custody, given credit for time served and is to attend + complete the Dual Diagnosis Program.

6/22/05 Copy of CAS to DA, Sawyer, Hughes, DOC, Jail + S/O. MH

6/23/05 Transcript issued.

7/11/05 Motion to withdraw guilty plea, def. entered plea of guilty w/out fully understanding his rights, filed by atty Robinson.

7/15/2005 MOTION TO WITHDRAW PLEA WILL BE HEARD ON 8/5/2005 AT 9:00 A.M. /s/ KWQ

7/20/2005 COPY OF CAS TO DA, ROBINSON, SAWYER, HUGHES, CRO, JAIL AND S/O. mh



Jail

## ACR0369 ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY  
CONTINUATIONCASE: CC 2003 000378.00  
JUDGE ID: PBM

STATE OF ALABAMA

VS

NUNN JOWELL SCARPINO

DATE

ACTION, JUDGMENTS, CASE NOTES

3/11/05 Motion in Limine filed by Atty Sawyer.

3/16/05 Will hear prior to trial. /s/ P B McLAUCHLIN, JR

3/16/2005 WILL HEAR PRIOR TO TRIAL. /s/ P B McLAUCHLIN, JR

3/17/2005 COPY OF CAS TO DA AND SAWYER. mh

3/24/05 Contempt. PM

4/26/05 Motion to Dismiss for want of Prosecution filed by Sawyer.

4/28/05 NO - Present next wk (6/1 pm @)

5/5/05 Motion to Dismiss is denied. KJ

5/5/2005 MOTION TO DISMISS IS DENIED. /s/ KENNETH W QUATTLEBAUM

5/5/2005 COPY OF CAS TO DA, SAWYER, HUGHES AND S/O. mh

6/14/05 Case dismissed as part of Plea Agreement in cases CC03-288 and CC04-428. KJ

6/22/05 Copy of CAS to DA Sawyer, Hughes, Jail &amp; S/O. MH

7/11/05 Motion to withdraw guilty plea - did not understand his plea of guilty, w/out fully understanding his rights, filed by atty Robinson.

7/15/2005 MOTION TO WITHDRAW PLEA WILL BE HEARD ON 8/5/2005 AT 9:00 A.M. /s/ KWQ

7/20/2005 COPY OF CAS TO DA, ROBINSON, SAWYER, HUGHES, CRO, JAIL AND S/O. mh



ACR0369 ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY  
CONTINUATIONCASE: CC 2004 000427.00  
JUDGE ID: KWQ

STATE OF ALABAMA VS NUNN JOWELL S

DATE ACTION, JUDGMENTS, CASE NOTES

7/15/2005 | MOTION TO WITHDRAW PLEA AND MOTION TO WITHDRAW AS COUNSEL WILL BE

HEARD ON 8/5/2005 AT 9:00 A.M. /s/ KENNETH W QUATTLEBAUM

7/20/2005 | COPY OF CAS TO DA, ROBINSON, HUGHES, CRO, JAIL AND S/O. mh





PRISON  
HEALTH  
SERVICES  
INCORPORATED

## MEDICAL INFORMATION TRANSFER FORM

## Confidential Medical Data

To:

(Agency)

(Address)

From:

(Institution)

(Address)

(Telephone)

Inmate's Name:

a/k/a:

D.O.B.:

SS #:

Person Completing Form

Name:

Signature:

Date:

## MEDICAL PROBLEM(S):

## TREATMENTS/MEDICATIONS:

Allergies:

Pregnant:

Yes

No

Unknown

Other Lab Data:

TB Skin Test:

NEG

POS

Date

CXR:

NEG

POS

Date

Test

RPR:

NEG

POS

VDRL:

NEG

POS

GC:

NEG

POS

Other:

Treated

Yes No

Yes No

Yes No

Yes No

Date



**BRANTLEY & McLENDON, L.L.C.**  
**ATTORNEYS AT LAW**

THOMAS K. BRANTLEY\* 401 N FOSTER ST/DOTHAN, AL 36303  
ROBERT R. McLENDON, IV \*\* (334)793-9009 FAX (334)793-2037  
[brantlevmcle@graceba.net](mailto:brantlevmcle@graceba.net)

\* Licensed In Alabama  
\*\* Licensed in Alabama and Georgia

BARBARA THOMLEY  
PARALEGAL

October 26, 2004

Sheriff Greg Ward  
Geneva County Courthouse  
P.O. Box 115  
Geneva, AL 36340

**RE: MEDICAL TREATMENT PROVIDED TO JOWELL NUNN**

Dear Sheriff Ward:

Please be advised that I represent Jowell Nunn who presently is an inmate in your jail facility. Mr. Nunn tells me that he has on many occasions complained through the proper channels and to the proper jail administrators that his arm has been hurting him very much. It is documented that Mr. Nunn suffers from cysts in out of his skin on his arm. The cysts are actually growing and are becoming extremely more painful to Mr. Nunn. He has requested medical assistance in regards to these cysts and you have accommodated him on some of the occasions; however, most recently according to Mr. Nunn you have ignored his requests for medical assistance with regards to the cysts on his arm. He once again requests to see a physician with regards to the cysts on his arm.

If you could provide Mr. Nunn with medical assistance in this regard it would be appreciated.

Yours Very Truly,

**BRANTLEY & McLENDON L.L.C.**

  
THOMAS K. BRANTLEY

TKB/rt

Cc: Jowell Nunn

*Called Thomas Brantley  
10-28-04 at 12 noon  
advised that Mr. Nunn  
had an app. Nov 12pm to  
determine if surgery is needed  
BW*



**WIREGRASS MEDICAL CENTER**

1200 W. MAPLE AVE.

GENEVA, AL 36340

(334) 684-3655

**ED-OP****HOME INSTRUCTION SHEET**

1. MEDICAL RECORD NO.				2. BILLING NO.				3. A/R NO.			
<b>INFORMATION</b>											
4. CLASS		5. DATE		6. TIME		7. SRC		8. TYPE		9. SNO	
10. PATIENT'S LEGAL NAME (L, F, M)				11. SEX		12. RACE		13. BIRTHDATE		14. AGE	
15. HEIGHT				16. WEIGHT		17. SS		18. MS		19.	
20. RP				21. NOTIFY IN EMERGENCY		22. HOME TELE		23. WORK TELE		24. HOW PATIENT ARRIVED	
25. C COMPLAINT 26.				<b>OUTPATIENT SURGERY INFORMATION</b>							
27. PROC CD				28. PROCEDURE				29. LOC		30. TIME	
31. ANES				32. PHYSICIAN CALLED				33. ATTENDING PHYSICIAN			
								34. FAMILY PHYSICIAN			

<b>SPRAIN, FRACTURE, &amp; SEVERE BRUISES</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Elevate the injured part above level of heart to lessen swelling. If pillows flatten, use chair cushions with pillows or blanket for comfort.</li> <li><input type="checkbox"/> Ice packs also help prevent swelling, especially during the first 48 hours.</li> <li><input type="checkbox"/> Place ice in plastic or rubber bag, cloth covering; after 48 hours, use heat.</li> <li><input type="checkbox"/> If you have an elastic bandage, rewrap it if too tight or loose. Remove at bedtime and replace in A.M.</li> <li><input type="checkbox"/> If you have a cast, keep it perfectly dry at all times.</li> <li><input type="checkbox"/> Wiggle toes or fingers to help prevent swelling in the cast—this should be done often if it does not cause pain.</li> <li><input type="checkbox"/> If the part swells anyway or gets cold, blue or numb or pain increases markedly, have it checked promptly.</li> <li><input type="checkbox"/> Use crutches.</li> </ul>	<b>BACK AND NECK INJURY INSTRUCTIONS</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> USE HEAT OR COLD ON THE INJURED AREA - whichever seems to help the most. Be careful not to burn yourself.</li> <li><input type="checkbox"/> Rest as much as possible until you are improved.</li> <li><input type="checkbox"/> Avoid positions and movement that make the pain worse.</li> <li><input type="checkbox"/> Relax emotionally - if you are tense the problem will on be worse.</li> <li><input type="checkbox"/> Gentle but firm massage will increase circulation in sore muscles and helps to clear the soreness.</li> <li><input type="checkbox"/> Wear special collar when out of bed.</li> </ul>	<b>HEAD INJURY INSTRUCTIONS</b> <p>Persons who receive blows to the head may have injuries that cannot always be seen by X-ray or examination soon after accident. For the next 24 hours it is important that these instructions be followed:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Awaken the patient every two hours, even at night, to be sure he knows where he is and is not confused.</li> <li><input type="checkbox"/> Check eyes to see that both pupils are of equal size.</li> <li><input type="checkbox"/> Prevent the taking of sleeping pills, tranquilizers or alcohol.</li> <li><input type="checkbox"/> Restrict excessive work or play.</li> <li><input type="checkbox"/> Call your family doctor or local hospital immediately if the patient: <ul style="list-style-type: none"> <li><input type="checkbox"/> Develops a severe headache.</li> <li><input type="checkbox"/> Vomits more than twice within a short time.</li> <li><input type="checkbox"/> Is confused, faints or is hard to awaken.</li> <li><input type="checkbox"/> Has a pupil of one eye larger than the other</li> <li><input type="checkbox"/> Complaints of double vision</li> <li><input type="checkbox"/> Shows abnormal behavior such as staggering or walking into things.</li> </ul> </li> </ul>
<b>X-RAY INSTRUCTIONS</b> <p>Your X-rays have been read by the attending physician in the Emergency Dept. For your added protection, your X-rays will be reread the next morning by Radiology Dept. If any abnormalities are found that have not been called to your attention, you and your doctor will be called immediately. (Please be certain that the Emergency Dept. has a phone number where you can be reached.) Sometimes fractures or abnormalities may not show up on X-rays for several days. If your symptoms continue or get worse, call your doctor. More X-rays may need to be taken. If you are referred to another physician, come by the hospital and pick up your X-ray and take them with you to the doctor's office. Please call ahead to X-ray Dept.</p>	<b>WOUND CARE (Cuts, Abrasions, Burns, Stitches)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Keep the dressings clean and dry.</li> <li><input type="checkbox"/> Elevate the wound to help relieve soreness and help speed wound healing.</li> <li><input type="checkbox"/> Despite the greatest care, any wound can be infected. If your wound becomes red, swollen, shows pus or red streaks, or feels more sore instead of less sore as days go by, you must report to your doctor right away.</li> <li><input type="checkbox"/> Dressing should be changed in _____ days.</li> <li><input type="checkbox"/> Treatment rendered _____</li> <li><input type="checkbox"/> Tetanus Toxoid given _____ 250 units of tetanus immune globulin was given. To complete your immunization, you must receive two additional doses of toxoid 4-6 weeks apart. Call your physician for the next dose.</li> <li><input type="checkbox"/> Warm soaks to area 4 times daily. 20-40 minutes each time.</li> <li><input type="checkbox"/> Continuous warm compresses.</li> </ul>	<b>VOMITING &amp; DIARRHEA</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Do not feed anything for 4 hours.</li> <li><input type="checkbox"/> After 4 hours, if there is not vomiting and/or diarrhea, offer 2 tablespoons (1 ounce) of any of the following: clear liquids, Coke, Gingerale, 7-up, weak tea, Gatorade or Jello, water. If patient is hungry you may add 1 teaspoon of sugar to each ounce of liquid.</li> <li><input type="checkbox"/> UNDER NO CIRCUMSTANCES USE MILK OR MILK PRODUCTS.</li> <li><input type="checkbox"/> The 2 tablespoons of liquid may be offered every hour. If after 4 hours no vomiting has occurred, the amount may be slowly increased.</li> <li><input type="checkbox"/> Using no more than 1/4 glass (4 ounces) of liquid at a time continue this treatment for 24 hours.</li> <li><input type="checkbox"/> Contact your doctor's office for further instructions after 24 hours.</li> </ul>
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PATIENT/PARENT'S SIGNATURE

NURSE'S SIGNATURE

PHYSICIAN'S SIGNATURE

**SCHOOL AND WORK EXCUSE**

PATIENT NAME

DATE

- ☐ No work for \_\_\_\_\_ days
- ☐ Light work for \_\_\_\_\_ days
- ☐ May return to work on \_\_\_\_\_

- ☐ No school for \_\_\_\_\_ days
- ☐ No Physical Education for \_\_\_\_\_ days
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**WIREGRASS MEDICAL CENTER**

1200 W. MAPLE AVE.  
GENEVA, AL 36340  
(334) 684-3655

**ED-OP  
HOME INSTRUCTION SHEET**

1. MEDICAL RECORD NO.				2. BILLING NO.				3. A/R NO.			
<b>INFORMATION</b>											
4. CLASS		5. DATE		6. TIME		7. SRC		8. TYPE		9. S/D	
10. PATIENTS LEGAL NAME (L.F.M.)				11. SEX		12. RACE		13. BIRTHDATE		14. AGE	
15. HEIGHT				16. WEIGHT		17. SS		18. MS		19.	
20. RP				21. NOTIFY IN EMERGENCY				22. HOME TELE			
23. WORK TELE				24. HOW PATIENT ARRIVED							
25. COMPLAINT				26. HOME TELE				27. PROC CD			
28. PROCEDURE				29. LOC				30. TIME			
31. ANES				32. PHYSICIAN CALLED				33. ATTENDING PHYSICIAN			
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NURSE'S SIGNATURE

PHYSICIAN'S SIGNATURE

**SCHOOL AND WORK EXCUSE**

PATIENT NAME

DATE

- ☐ No work for \_\_\_\_\_ days
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10. PATIENT'S LEGAL NAME (L.F.M.I.)				11. SEX		12. RACE		13. BIRTHDATE		14. AGE	
15. HEIGHT				16. WEIGHT		17. SS		18. MS		19.	
20. RP				21. NOTIFY IN EMERGENCY		22. HOME TELE		23. WORK TELE		24. HOW PATIENT ARRIVED	
25. COMPLAINT, 2nd				<b>OUTPATIENT SURGERY INFORMATION</b>							
26. DATE				27. PROC CD		28. PROCEDURE		29. LOC		30. TIME	
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**WIREGRASS MEDICAL CENTER**

PHYSICIAN'S SIGNATURE



## PRISONERS JAIL RECORD

ID. NO.	NAME		S. S. No.		DATE	No.	TIME	DATE	TIME	DATE	TIME
	Sondell N. N...		42-84-7896		3-26-96		5:47				
ADDRESS		ALIAS		OCCUPATION							
Pa. Box 1212 Geneva Al											
AGE	RACE	SEX	EYES	HAIR	HEIGHT	WEIGHT	COMPLEXION				
19	Blk	m	Blk	Blk	6'5"	171					
DATE OF BIRTH		PLACE OF BIRTH		SCARS OR MARKS							
1-8-77		Geneva Co									
ARRESTING OFFICER		ARRESTING AGENCY		WARRANT NO.							
		Samson									
OFFENSE		STATUS									
TOP 3rd											
SENTENCE BEGINS		SENTENCE EXPIRES		HOLD FOR							
3-26-96											
BEHAVIOR		TIME ALLOWED FOR GOOD BEHAVIOR									
HOW RELEASED		DATE		TIME							
Mid 2 days & time		3/28/96		5:58 pm.							
RELEASING OFFICER		DRAFT BOARD AND CLASSIFICATION									
Dose											
ENTERING R/I PRINT		RELEASING R/I PRINT		REMARKS:							
				Subject to 4 days or 96 hours							
				for Samson PD							



ATTORNEY: \_\_\_\_\_

CALLED ATTORNEY \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

DATE	OTHER PHONE CALLS ALLOWED

SEARCHED BY Deese

## —PERSONAL PROPERTY—

VEHICLE INVOLVED? \_\_\_\_\_ IMPOUNDED? \_\_\_\_\_

	Year	Make	License No.
CURRENCY \$	<u>None</u>		RINGS _____
CHANGE \$	_____		KEYS _____
CHECKS \$	_____		CARDS _____
TOTAL \$	_____		KNIFE _____
WALLET	_____		LIGHTER _____
WATCH	_____		PEN-PENCIL _____

OTHER ITEMS NOT CLASSIFIED \_\_\_\_\_

I certify that the above is a correct list of items removed from my possession at the time I was placed in jail.

I hereby authorize the censoring of all my mail by jail authorities.

PRISONER'S SIGNATURE James S. DunnReceived all of the above property this 28 day of March, 1996SIGNED Signed as above



Thur

GENEVA COUNTY JAIL

CO

## INMATE REQUEST FORM

NAME Jewel S. Vunn CELL left side DATE 3-26-99TIME 2:00TELEPHONE CALL \_\_\_\_\_ MEDICAL ☒ HEARING REQUEST \_\_\_\_\_ GRIEVANCE \_\_\_\_\_

SHERIFF \_\_\_\_\_ CHIEF JAILER \_\_\_\_\_ VISIT \_\_\_\_\_ PERSONAL PROBLEM \_\_\_\_\_

NOTARY \_\_\_\_\_ OTHER \_\_\_\_\_ DENTAL \_\_\_\_\_

BRIEFLY OUTLINE YOUR REQUEST, THEN GIVE TO JAILER.

I need to ~~see~~ see the Nurse at the Health Dept. to get  
~~needed~~ a check up for STD.

DO NOT WRITE BELOW!! FOR SHERIFF'S DEPARTMENT USE ONLY!!

ALL REQUESTS WILL BE ROUTED THROUGH THE JAIL SHIFT SUPERVISOR.

SHIFT SUPERVISOR \_\_\_\_\_ JAIL ADMINISTRATOR \_\_\_\_\_ SHERIFF \_\_\_\_\_  
 JAILER *J. H. B. [Signature]* DATE 3-30-99 TIME 8:05  
 SIGNATURE

TO BE PLACED IN INMATE FILE.

Apr. 4-1-99 at 2:30





Jail

ACRO369 ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY  
CONTINUATIONCASE: CC 2003 000288.00  
JUDGE ID: PBM

STATE OF ALABAMA VS NUNN JOWELL S

DATE ACTION, JUDGMENTS, CASE NOTES

4/26/05 Motion to Dismiss for want of Prosecution filed by atty Sawyer.

4/28/05 - Per Present meet with Q (d)

5/5/05 Motion to dismiss is denied. K

5/5/2005 MOTION TO DISMISS IS DENIED. /s/ KENNETH W QUATTLEBAUM

5/5/2005 COPY OF CAS TO DA, SAWYER, HUGHES AND S/O. mh

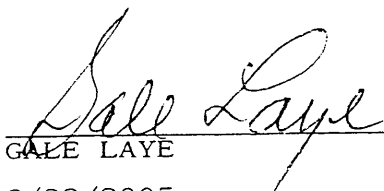
6-14-05 Def appeared with counsel and entered a POG to PBM 1st Degree as charged in the indictment. Court finds and adjudges Def guilty. Sentenced to 25 years to DOC, CC with CA-04-428 as HFO with 3 prior felony convictions. To pay CC, IAF + \$180.00 VCF. Def is remanded to custody, given credit for time served and is to attend + complete the Dual Diagnosis Program.

6/22/05 Copy of CAS to DA, Sawyer, Hughes, DOC, Jail + S/O. MH



ACR359

ALABAMA JUDICIAL DATA CENTER  
GENEVA COUNTY  
TRANSCRIPT OF RECORD  
CONVICTION REPORTCC 2003 000288.00 01  
KENNETH W. QUATTLEBAUM

CIRCUIT COURT OF GENEVA COUNTY		COURT ORI: 034015 J	
STATE OF ALABAMA VS.		DC NO: DC 2003 000521.00	
NUNN JOWELL S		G J:	
202 S BROAD ST		SSN: 422847896	
SAMSON AL 36477		SID: 000000000	
		AIS:	
DOB: 01/08/1977 SEX: M HT: 6 04 WT: 170 HAIR: BLK EYE: BRO			
RACE: ( ) W (X) B ( ) O COMPLEXION: AGE: FEATURES:			
DATE OFFENSE: 05/14/2003 ARREST DATE: 05/14/2003 ARREST ORI: 0340000			
CHARGES @ CONV		CT CL COURT ACTION	
CA DATE			
POSS MARIJUANA 1ST 13A-012-213		01 C GUILTY PLEA	
		0	
		0	
		00/00/0000	
		00/00/0000	
JUDGE: KENNETH W. QUATTLEBAUM		PROSECUTOR: ADAMS THOMAS KIRKE	
PROBATION APPLIED		GRANTED DATE	
( ) Y ( ) N		( ) Y ( ) N	
REARRESTED DATE		REVOKED DATE	
( ) Y ( ) N		( ) Y ( ) N	
15-18-8, CODE OF ALA 1975		IMPOSED	
( ) Y (X) N CONFINEMENT:		25 00 000	
PROBATION :		00 00 000	
DATE SENTENCED: 06/14/2005		SENTENCE BEGINS: 06/14/2005	
SUSPENDED		TOTAL	
00 00 000		25 00 000	
00 00 000		00 17 024	
JAIL CREDIT			
00 17 024			
PROVISIONS		COSTS/RESTITUTION	
DUE		ORDERED	
PENITENTIARY		RESTITUTION	
CONCURR SENT		ATTORNEY FEE	
HABITUAL OFDR		CRIME VICTIMS	
DUEL DIAGNOSIS PRGM.		COST	
		FINE	
		MUNICIPAL FEES	
		DRUG FEES	
		ADDTL DEFENDANT	
		DA FEES	
		COLLECTION ACCT	
		JAIL FEES	
		TOTAL	
		\$1589.73	
		\$1589.73	
APPEAL DATE		SUSPENDED	
( ) Y ( ) N		( ) Y ( ) N	
AFFIRMED		REARREST	
( ) Y ( ) N		( ) Y ( ) N	
REMARKS:			
COPY OF ORDER ATTACHED.			
THIS IS TO CERTIFY THAT THE			
ABOVE INFORMATION WAS EXTRACTED			
FROM OFFICIAL COURT RECORDS			
AND IS TRUE AND CORRECT.			
			
GALE LAYE			
06/22/2005			

OPERATOR: MAH  
PREPARED: 06/22/2005



ALABAMA JUDICIAL INFORMATION CENTER  
 CASE ACTION SUMMARY  
 CONTINUATION

CASE: 4097059  
 JUDGE: 12: PBM

RY OF SAMSON

VS

MURRY JOWELL

DATE

ACTION, JUDGMENTS, CASE NOTES

9/25/97 YOUTHFUL OFFENDER TRIAL DATE SET FOR OCTOBER 23, 1997 AT 1:30 P.M. PBM

9/26/97 COPY OF CAS TO ELDRIDGE, GRISWOLD AND HUGHES. MH

10/23/97 *Com trial to Court - Court find it D guilty + adjudge it D 60 days to county jail + fine of \$200.00 plus costs. Court find out D A Victim - Sentence 1 year + 50\$ per month for 1 year + cost - D to*

10/23/97 CASE TRIED TO COURT - COURT FINDS THE DEFENDANT GUILTY AND ADJUDGES THE DEFENDANT GUILTY OF UNDERLYING CHARGES AND SENTENCES THE DEFENDANT TO 60 DAYS TO COUNTY JAIL AND FINES THE DEFENDANT \$200.00 PLUS COSTS OF COURT--PLUS RESTITUTION OF \$83.33 TO VICTIM. SENTENCE SUSPENDED FOR PAYMENT OF FINE AND COSTS. DEFENDANT TO PAY \$50.00 PER MONTH BEGINNING -- /S/ PBM

10/24/97 COPY OF CAS TO ELDRIDGE, GRISWOLD. MH

11/17/97 *Motion to Withdraw filed by Eldridge*

11/17/97 *Motion for New Trial filed by Eldridge*

11/21/97 *Set for Hearing - December 18 at 9:30 - AM*

11/21/97 SET FOR HEARING - DECEMBER 18, 1997 AT 9:30 A.M. /S/ PBM

11/21/97 COPY OF CAS TO ELDRIDGE AND GRISWOLD. MH

11/25/97 *Motion to Reschedule Hearing filed by Griswold.*

11/26/97 *Motion for Cont. Denial. Hearing will take about 5 minutes.*

12/2/97 *Copy to Eldridge + Griswold. MH*

12/17/97 *Motion for new trial denied. MH*

12/18/97 *Mr. Phelps design allowed to withdraw from case.*

3/10/98 *Copy to Eldridge + Griswold. MH*

3/15/98 *Balance owing 1302.19 no amt. made.*

4/7/99 *Letter from defendant -*

4/7/99 *Set for hearing Bring D before Ct @ April 4 at 1:30 - PBM*

4/7/99 BRING DEFENDANT BEFORE THE COURT ON APRIL 14, 1999 AT 1:30 P.M. PBM

4/7/99 COPY OF CAS TO EMERY, ELDRIDGE, HUGHES AND SHERIFF'S DEPT. MH



## ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY  
CONTINUATIONCASE: CC 97 000203.00  
JUDGE ID: PBM

STATE OF ALABAMA

VS

NUNN JOWEL

DATE

ACTION, JUDGMENTS, CASE NOTES

2/6/98

Probation Order issued

4/7/99

BRING DEFENDANT BEFORE THE COURT ON APRIL 14, 1999 AT 1:30 P.M. PBM

4/7/99

COPY OF CAS TO EMERY, HOLMES, HUGHES AND SHERIFF'S DEPT. MH





Jain

## ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY  
CONTINUATIONCASE: CC 2004 000428.00  
JUDGE ID: KWB

STATE OF ALABAMA

VS

NUNN JOWELL S

DATE

ACTION, JUDGMENTS, CASE NOTES

9/24/04 Motion to suppress are denied. KJ

9/28/04 Copy of CAS to DA Brantley, Hughes, & S/O. mh

10/8/04 See CC-04-437-

12/14/04 Cont'd.

11/3/05 Motion to withdraw, def. desires to retain other counsel, filed by atty Brantley.

1/5/2005 SAME ORDER AS CC-03-378. MOTION TO WITHDRAW GRANTED. /s/ PBM

1/6/2005 COPY OF CAS TO DA, BRANTLEY, HUGHES AND S/O. mh

1/27/05 R - Hon David Robinson Appointed & Represent N. PBM Continued

1/24/2005 R HON. DAVID ROBINSON APPOINTED TO REPRESENT THE DEFENDANT. CONT. /S/ PBM

1/27/2005 COPY OF CAS TO DA, ROBINSON, HUGHES AND S/O. mh

2/2/05 See CC-04-437

2/8/05 " "

3/9/05 " "

3/9/05 " "

3/9/05 Motion for Extraordinary Expense Transcript of Motion to Suppress, filed by Robinson.

3/9/05 Order for Extraordinary Expenses. s/ PBM

3/17/05 See CC-04-437-

3/21/05 " "

3/21/05 Cont'd. in D.

6/14/05 Def appeared with counsel and entered a POG to reduced charge of PCS-Cocaine. Court finds and adjudges Def guilty. Sentenced to 25 years to DOC, CC as HFO with 3 prior felony convictions. To pay CC, IAF, \$100.00 VCF, \$1000.00 BRAA + \$100.00 AFSTF. Def is given credit for time served and is remanded to custody to serve sentence and attend and complete the Dual Diagnosis Program. KJ

6/23/05 Copy of CAS to DA Robinson, Sawyer, Hughes, DOC, Jain & Sheriff's Dept. N/A



ACR0370 ALABAMA JUDICIAL INFORMATION SYSTEM CASE: CC 2004 000428.00  
 OPER: MAH CASE ACTION SUMMARY  
 PAGE: 1 CIRCUIT CRIMINAL RUN DATE: 08/13/2004  
 =====  
 IN THE CIRCUIT COURT OF GENEVA JUDGE: KWD

STATE OF ALABAMA VS NUNN JOWELL S  
 202 S BROAD ST  
 CASE: CC 2004 000428.00  
 SAMSON, AL 36477 0000

DOB: 01/08/1977 SEX: M RACE: B HT: 6 00 WT: 230 HR: BLK EYES: BRO  
 SSN: 422847896 ALIAS NAMES:  
 =====  
 CHARGE01: TRAFFICKING-COCAINE CODE01: VDRY LIT: TRAFFICKING-CO TYP: F #: 001  
 OFFENSE DATE: 07/27/2004 AGENCY/OFFICER: 0340000 GARY WE

DATE WAR/CAP ISS: DATE ARRESTED: 07/27/2004  
 DATE INDICTED: DATE FILED: 08/12/2004  
 DATE RELEASED: DATE HEARING:  
 BOND AMOUNT: \$100,000.00 SURETIES:

DATE 1: DESC: TIME: 0000  
 DATE 2: 09/02/2004 DESC: ARRG TIME: 0900 A

TRACKING NOS: DC 2004 001013 00 /

DEF/ATY: Sawyer J DAVID ROBINSON APPT. 1/24/2005  
Thomas K. Brantley TYPE: Att

TYPE:

John Foster 00000  
John Foster 36303 00000  
 SECUTOR: EMERY DAVID C

=====

OTH CSE: DC200400101300	CHK/TICKET NO:	GRAND JURY:
COURT REPORTER:	SID NO: 000000000	
DEF STATUS: JAIL	DEMAND:	OPER: MAH

TRANS DATE	ACTIONS, JUDGEMENTS, AND NOTES	OPR
08/13/2004	ASSIGNED TO: (KWD) KENNETH W. QUATTLEBAUM (AR01)	MAH
08/13/2004	FILED ON: 08/12/2004 (AR01)	MAH
08/13/2004	INITIAL STATUS SET TO: "J" - JAIL (AR01)	MAH
08/13/2004	DEFENDANT ARRESTED ON: 07/27/2004 (AR01)	MAH
08/13/2004	CHARGE 01: TRAFFICKING-COCAINE /#CNTS: 001 (AR01)	MAH
08/13/2004	BOND SET AT: \$100000.00 (AR01)	MAH
08/13/2004	SET FOR: ARRAIGNMENT ON 09/02/2004 AT 0900A (AR10)	MAH
08/13/2004	DOCKET DATE NOTICE SENT TO DEF ATTY 1 (AR09)	MAH
08/13/2004	CASE ACTION SUMMARY PRINTED (AR08)	MAH

9/2/04 Arraignment waived reading & entered plea of guilty  
 9/10/04 Entry of appearance filed by atty Thomas K. Brantley  
 9/10/04 Motion to suppress evidence obtained by search without  
 9/10/04 Motion to suppress evidence obtained without a



ACR359

ALABAMA JUDICIAL DATA CENTER  
GENEVA COUNTY  
TRANSCRIPT OF RECORD  
CONVICTION REPORTCC 2004 000428.00 01  
KENNETH W. QUATTLEBAUM

CIRCUIT COURT OF GENEVA COUNTY

COURT ORI: 034015 J

STATE OF ALABAMA  
NUNN JOWELL S  
202 S BROAD ST  
SAMSON AL 36477

VS.

ALIAS:  
ALIAS:DC NO: DC 2004 001013.00  
G J:  
SSN: 422847896  
SID: 000000000  
AIS:DOB: 01/08/1977 SEX: M HT: 6 00 WT: 230 HAIR: BLK EYE: BRO  
RACE: ( )W (X)B ( )O COMPLEXION: AGE: FEATURES:

DATE OFFENSE: 07/27/2004 ARREST DATE: 07/27/2004 ARREST ORI: 0340000

CHARGES @ CONV  
POSS COCAINE

CITES

13A-012-212(A) ( 01 C GUILTY PLEA  
00  
00CA DATE  
06/14/2005  
00/00/0000  
00/00/0000

JUDGE: KENNETH W. QUATTLEBAUM

PROSECUTOR: ADAMS THOMAS KIRKE

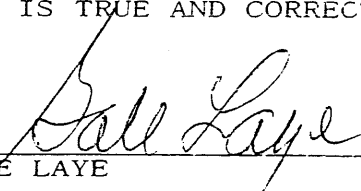
PROBATION APPLIED GRANTED DATE REARRESTED DATE REVOKED DATE  
( )Y( )N ( )Y( )N ( )Y( )N ( )Y( )N15-18-8, CODE OF ALA 1975 IMPOSED SUSPENDED TOTAL JAIL CREDIT  
( )Y (X)N CONFINEMENT: 25 00 000 00 00 000 25 00 000 00 10 014  
PROBATION : 00 00 000 00 00 000  
DATE SENTENCED: 06/14/2005 SENTENCE BEGINS: 06/14/2005

PROVISIONS	COSTS/RESTITUTION	DUE	ORDERED
PENITENTIARY	RESTITUTION	\$0.00	\$0.00
CONCURR SENT	ATTORNEY FEE	\$0.00	\$0.00
HABITUAL OFDR	CRIME VICTIMS	\$50.00	\$50.00
DRUG	COST	\$287.00	\$287.00
DUEL DIAGNOSIS PROGRAM	FINE	\$0.00	\$0.00
	MUNICIPAL FEES	\$0.00	\$0.00
	DRUG FEES	\$1160.00	\$1160.00
	ADDTL DEFENDANT	\$0.00	\$0.00
	DA FEES	\$0.00	\$0.00
	COLLECTION ACCT	\$0.00	\$0.00
	JAIL FEES	\$0.00	\$0.00
	TOTAL	\$1497.00	\$1497.00

APPEAL DATE	SUSPENDED	AFFIRMED	REARREST
( )Y( )N	( )Y( )N	( )Y( )N	( )Y( )N

REMARKS:

ORDER ATTACHED.

THIS IS TO CERTIFY THAT THE  
ABOVE INFORMATION WAS EXTRACTED  
FROM OFFICIAL COURT RECORDS  
AND IS TRUE AND CORRECT.
  
GALE LAYE

06/22/2005

OPERATOR: MAH  
PREPARED: 06/22/2005



John

## ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY  
CONTINUATIONCASE: CC 2004 000427.00  
JUDGE ID: KWB

STATE OF ALABAMA

VS

NUNN JOWELL S

DATE ACTION, JUDGMENTS, CASE NOTES

10/8/04 Motion to Continue filed by Atty Brantley

10/14/04 Cont'd

12/29/04 Letter from def. concerning atty.

1/3/05 Motion to withdraw, def. desires to retain  
other counsel, filed by Atty Brantley.

1/5/2005 SAME ORDER AS CC-03-378. MOTION TO WITHDRAW GRANTED. /S/ PBM

1/6/2005 COPY OF CAS TO DA, BRANTLEY, HUGHES AND S/O. mh

1/24/05 R - Hon. David Robinson Appointed to rep. D.  
Continued for D. PBM1/24/2005 R - HON DAVID ROBINSON APPOINTED TO REP. THE DEFENDANT. CONTINUED FOR  
DEFENDANT. /S/ P B McLAUCHLIN, JR

1/27/2005 COPY OF CAS TO DA, ROBINSON, HUGHES AND S/O. mh

2/2/05 Motion for Discovery filed by Robinson

2/8/05 Order to Produce Issued

3/9/05 Notice to Court from atty. Lawyer, He is not  
retained as atty. of record.

3/9/05 Motion to Continue filed by Robinson.

3/9/05 Motion to Continue Denied. PBM

3/9/2005 MOTION TO CONTINUED DENIED. /s/ P B McLAUCHLIN, JR

3/10/2005 COPY OF CAS TO DA, ROBINSON, HUGHES AND S/O. mh

3/17/05 Motion to Suppress the Evidence filed by Robinson

3/24/05 Motion to Continue filed by Robinson.

3/21/05 Continued for D.

6-14-05 Case dismissed as part of plea agreement in  
CC-04-428 + CC-03-288. KZ

6/22/05 Copy of CAS to DA, Robinson, Hughes, Jalk &amp; S/O. PBM





JUDGE: KWG

2/2/04 Arraigned. Waived reading & entered pony. KB  
2/23/04 Waived 1st court trial by Sawyer.  
2/24/04 Motion to suppress evidence denied. KB  
3/24/04 Entry of Ag. as Co-Counsel with Joe Sawyer filed by  
Meyers R. Brantley.  
4/24/04 Motion to suppress evidence obtained without a search  
warrant filed by Brantley.



ACRO369 ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY  
CONTINUATIONCASE: CC 2004 000427.00  
JUDGE ID: KWQ

STATE OF ALABAMA VS NUNN JOWELL S

DATE ACTION, JUDGMENTS, CASE NOTES

7/15/2005 | MOTION TO WITHDRAW PLEA AND MOTION TO WITHDRAW AS COUNSEL WILL BE

HEARD ON 8/5/2005 AT 9:00 A.M. /s/ KENNETH W QUATTLEBAUM

7/20/2005 | COPY OF CAS TO DA, ROBINSON, HUGHES, CRO, JAIL AND S/O. mh

8-5-05 | State and Def agreed on the record to continue the  
hearing in this case to 9-1-05 at 9:00 a.m. N. KJ

8/8/05 | Copy of CAS to DA, Robinson, Hughes, CRO, Jail + S/O. mh



Jail

ACRO369 ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY  
CONTINUATIONCASE: CC 2003 000288.00  
JUDGE ID: PBM

STATE OF ALABAMA VS NUNN JOWELL S

DATE ACTION, JUDGMENTS, CASE NOTES

4/26/05 Motion to Dismiss for want of Prosecution filed by atty Sawyer.

4/28/05 - WR - Present next wk @ (d)

5/5/05 - Motion to dismiss is denied. KE

5/5/2005 MOTION TO DISMISS IS DENIED. /s/ KENNETH W QUATTLEBAUM

5/5/2005 COPY OF CAS TO DA, SAWYER, HUGHES AND S/O. mh

6-14-05 Def appeared with counsel and entered a POG to 1<sup>st</sup> Degree as charged in the indictment. Court finds and adjudges Def guilty. Sentenced to 25 years to DOC, CC with CE-04-428 is AFO with 3 prior felony convictions. To pay CC, IAF & \$180.00 VEF. Def is remanded to custody, given credit for time served and is to attend & complete the Dual Diagnosis Program.

6/22/05 Copy of CAS to DA, Sawyer, Hughes, DOC, Jail &amp; S/O. MH

6/23/05 Transcript Issued.

7/11/05 Motion to withdraw guilty plea, def. entered, plea of guilty w/out fully understanding his rights, filed by atty Robinson.

7/15/2005 MOTION TO WITHDRAW PLEA WILL BE HEARD ON 8/5/2005 AT 9:00 A.M. /s/ KWQ

7/20/2005 COPY OF CAS TO DA, ROBINSON, SAWYER, HUGHES, CRO, JAIL AND S/O. mh

8-5-05 State and Def have agreed on the record to continue the hearings in this case until 9-1-05 at 9:00 am. NK2

8/8/05 Copy of CAS to DA, Robinson, Sawyer, Hughes, CRO, Jail &amp; S/O. MH



Jih

ACRO369 ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY  
CONTINUATIONCASE: CC 2004 000428.00  
JUDGE ID: KWQ

STATE OF ALABAMA VS NUNN JOWELL S

DATE ACTION, JUDGMENTS, CASE NOTES

7/11/05 Motion to withdraw guilty plea filed by Robinson

7/14/05 Motion to withdraw as counsel filed by Robinson

7/15/2005 MOTION TO WITHDRAW PLEA AND MOTION TO WITHDRAW AS COUNSEL WILL BE

HEARD ON 8/5/2005 AT 9:00 A.M. /s/ KENNETH W QUATTLEBAUM

7/20/2005 COPY OF CAS TO DA, ROBINSON, HUGHES, CRO, JAIL AND S/O. mh

8-5-05 State and Def agreed on the record to continue this hearing until 9-01-05 at 9:00 a.m. N.K.B.

8/8/05 Copy of CAS to DA, Robinson, Hughes, Cro, Jail &amp; S/O. MH





# GENEVA COUNTY JAIL

## BOOKING SHEET

Probation Check N/gWarrant Book N/g

Date 1-20-04 Time 10:00A  
 Name Nunn, Lowell Searping  
(LAST) (FIRST) (MIDDLE)

Alias \_\_\_\_\_

Date of Arrest 1-20-04 Social Security No. 422-84-7896  
 Race B Sex M Age 27 Eyes \_\_\_\_\_ Hair \_\_\_\_\_  
 Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ DOB 1-8-77 Photo \_\_\_\_\_ F.P. \_\_\_\_\_  
 Address 202.5 Barst San Jose  
(STREET) (APT.) (CITY) (STATE) (ZIP)

Telephone \_\_\_\_\_ I.D. No. \_\_\_\_\_

NCIC Check \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
(STREET) (APT.) (CITY) (STATE) (ZIP)

Charge DUI Bond 48 HR Charge \_\_\_\_\_ Bond \_\_\_\_\_  
 Charge \_\_\_\_\_ Bond \_\_\_\_\_ Charge \_\_\_\_\_ Bond \_\_\_\_\_  
 Charge \_\_\_\_\_ Bond \_\_\_\_\_ Charge \_\_\_\_\_ Bond \_\_\_\_\_

ARRESTING OFFICER Shelley  
(PLEASE PRINT)

Signature \_\_\_\_\_

AGENCY \_\_\_\_\_

BOOKING OFFICER Robinson / Wickett  
(PLEASE PRINT)RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature of Person Released Lowell S. NunnDate of Release 1-21-04 Time 9:24A Type of Release per this caseSignature of Releasing Officer San Jose

P.O.E. \_\_\_\_\_

OCCUPATION \_\_\_\_\_

P.O.B. 2101

WARRANT # \_\_\_\_\_

WARRANT # \_\_\_\_\_

WARRANT # \_\_\_\_\_

WARRANT # \_\_\_\_\_

## BOOKING SHEET

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

### HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- |                                                 |                                                           |
|-------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> a. Asthma              | <input type="checkbox"/> g. Alcoholism                    |
| <input type="checkbox"/> b. Heart Trouble       | <input type="checkbox"/> h. Mental Illness                |
| <input type="checkbox"/> c. Hypertension        | <input type="checkbox"/> i. Venereal Disease              |
| <input type="checkbox"/> d. Diabetes            | <input type="checkbox"/> j. Tuberculosis                  |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer                         |
| <input type="checkbox"/> f. Drug Addiction      | <input type="checkbox"/> l. Faintly of recent head injury |
|                                                 | <input type="checkbox"/> m. Hepatitis                     |

If any response was yes, please explain and give date of last treatment. \_\_\_\_\_

2. Are you allergic to anything? yes If yes, what? Fish

3. Have you ever been determined to be HIV positive? No If yes, when? \_\_\_\_\_

4. Are you currently taking any prescription medication? No If yes, what? \_\_\_\_\_

For what? \_\_\_\_\_

5. Does the inmate require a special diet prescribed by a physician? No If yes, what? \_\_\_\_\_

For what? \_\_\_\_\_

6. Do you have any other medical or mental problem we should know about? No If yes, what? \_\_\_\_\_

GENEVA COUNTY JAIL

I, \_\_\_\_\_, HAVE BEEN ADVISED BY  
THE JAILER OF THE FOLLOWING;

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO SEARCH BY  
AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND

ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR  
CORRESPONDENCE WITH COURT OFFICIALS

\_\_\_\_\_  
INMATE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JAILERS SIGNATURE

\_\_\_\_\_  
DATE

BOOKING SHEET

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

1. Check One:

\_\_\_\_\_ This inmate was cooperative in responding to the above questions and allowing me to observe him.  
\_\_\_\_\_ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability: \_\_\_\_\_

2. I certify that I have today observed inmate \_\_\_\_\_, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

\_\_\_\_\_  
Signature of Booking Officer

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Time:

HOLD

WARRANT # \_\_\_\_\_  
 WARRANT # \_\_\_\_\_  
 WARRANT # \_\_\_\_\_  
 WARRANT # \_\_\_\_\_  
 WK 2003 000541.00

P.O.B. Geneva, N.Y.  
 OCCUPATION Broker  
 P.O.E. Self

Signature of Releasing Officer

Type of Release

Time

8-13-03

Date of Release

Signature of Person Released

I have received all properties taken from me by the Geneva County Sheriff's Department.

RELEASE INFORMATION

BOOKING OFFICER

AGENCY

Signature

ARRESTING OFFICER

(PLEASE PRINT)

J. Lowery

(PLEASE PRINT)

Shannon

GE 50

Lowery

Charge Bond Charge Bond Charge Bond

Charge Bond Charge Bond Charge Bond

Charge Bond Charge Bond Charge Bond

Address (STREET) (APT.) (CITY) (STATE) (ZIP)

Next of Kin Relationship

NCIC Check

Telephone I.D. No.

Address (STREET) (APT.) (CITY) (STATE) (ZIP)

Ht. 6'4" Wt. 171 DOB 1/8/77 Photo F.P.

Race B Sex M Age 26 Eyes Bro Hair Blk

Date of Arrest 8/9/03 Social Security No. 402-84-7896

Alias

Name (LAST) (FIRST) (MIDDLE)

Date 8/9/03 Time 8:40 pm

Warrant Book

Probation Check

GENEVA COUNTY JAIL  
 BOOKING SHEET

BOOKING SHEET

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- |                                                 |                                                           |
|-------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> a. Asthma   | <input type="checkbox"/> g. Alcoholism                    |
| <input type="checkbox"/> b. Heart Trouble       | <input type="checkbox"/> h. Mental Illness                |
| <input type="checkbox"/> c. Hypertension        | <input type="checkbox"/> i. Venereal Disease              |
| <input type="checkbox"/> d. Diabetes            | <input type="checkbox"/> j. Tuberculosis                  |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer                         |
| <input type="checkbox"/> f. Drug Addiction      | <input type="checkbox"/> l. Faintly of recent head injury |
|                                                 | <input type="checkbox"/> m. Hepatitis                     |

If any response was yes, please explain and give date of last treatment.

2. Are you allergic to anything? No If yes, what? \_\_\_\_\_

3. Have you ever been determined to be HIV positive? No If yes, when? \_\_\_\_\_

4. Are you currently taking any prescription medication? No If yes, what? \_\_\_\_\_

5. Does the inmate require a special diet prescribed by a physician? No If yes, what? \_\_\_\_\_

6. Do you have any other medical or mental problem we should know about? No If yes, what? \_\_\_\_\_

GENEVA COUNTY JAIL

I, James M. [Signature] THE JAILER OF THE FOLLOWING;  
HAVE BEEN ADVISED BY

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO SEARCH BY  
AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND

ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR  
CORRESPONDENCE WITH COURT OFFICIALS

James M. [Signature] INMATE SIGNATURE  
DATE 8/9/03

James M. [Signature] JAILERS SIGNATURE  
DATE 8/9/03

BOOKING SHEET

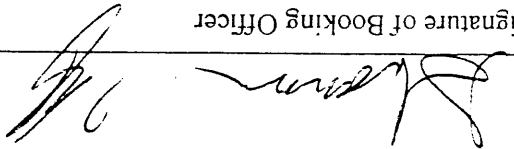
Inmate Name Sowell, S. Nunn Date 8/9/03 Time 845p

1. Check One: ☒ This inmate was cooperative in responding to the above questions and allowing me to observe him.

☐ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability:

2. I certify that I have today observed inmate Sowell, S. Nunn, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

Signature of Booking Officer



Date:

8/9/03

Time:

845 pm



# GENEVA COUNTY JAIL

## BOOKING SHEET

Date 4-27-02 Time 2:05 AM  
 Name (LAST) MANN (FIRST) Joelle  
 Alias \_\_\_\_\_

Date of Arrest 4-27-02  
 Race B Sex M Age 25 Eyes Brown Photo RL  
 Address 208 S. Broad (CITY) Geneva (STREET) AL  
 I.D. No. \_\_\_\_\_ Relationship \_\_\_\_\_ (ZIP) \_\_\_\_\_

Telephone \_\_\_\_\_ NCIC Check \_\_\_\_\_ Next of Kin \_\_\_\_\_  
 Address (STREET) \_\_\_\_\_ (APT.) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_  
 Charge DUI Bond \$1000. Charge \_\_\_\_\_ Bond \_\_\_\_\_  
 Charge \_\_\_\_\_ Bond \_\_\_\_\_ Charge \_\_\_\_\_ Bond \_\_\_\_\_  
 Charge \_\_\_\_\_ Bond \_\_\_\_\_ Charge \_\_\_\_\_ Bond \_\_\_\_\_

ARRESTING OFFICER Meese (Please Print)  
 AGENCY \_\_\_\_\_  
 BOOKING OFFICER Marilyn Duppe (Please Print)

### RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature of Person Released ROS  
 Date of Release 4-27-02 Time 9:40 AM  
 Type of Release Boyle  
 Signature of Releasing Officer \_\_\_\_\_

P.O.E. \_\_\_\_\_  
 OCCUPATION P.O.B. Geneva  
 HOLD \_\_\_\_\_

482-84-1896



Date \_\_\_\_\_

30

11. Does the inmate have obvious scars from previous suicide attempt(s)?

[illegible]



BOOKING SHEET  
PAGE 5

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_

1. Check One:

\_\_\_\_\_ This inmate was cooperative in responding to the above questions and allowed me to observe him.  
\_\_\_\_\_ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability: \_\_\_\_\_

2. I certify that I have today observed inmate \_\_\_\_\_, ask him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observations and his/her responses.

Signature of Booking Officer \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_



I, \_\_\_\_\_, HAVE BEEN ADVISED BY THE JAILER  
OF THE FOLLOWING:

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO  
SEARCH BY AUTHORIZED PERSONNEL FOR WEAPONS AND CONTROLLED  
ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR  
CORRESPONDENCE WITH COURT OFFICIALS

\_\_\_\_\_  
INMATE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JAILERS SIGNATURE

\_\_\_\_\_  
DATE





GENEVA COUNTY JAIL  
BOOKING SHEET

Probation Check YIP  
Warrant Book YIP

Date 5-14-03 Time 1:15 AM  
Name (LAST) Nunn (FIRST) Jessell (MIDDLE) Seardino  
Alias \_\_\_\_\_

Date of Arrest 5-14-03  
Race BLK Sex M Age 26 Eyes BRO Hair BLK  
Ht. 6'4" Wt. 170 DOB 1-8-77 Photo \_\_\_\_\_ F.P. \_\_\_\_\_  
Address (STREET) 202 S Broad St (APT.) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_  
Social Security No. 422-84-7896

Telephone \_\_\_\_\_ I.D. No. \_\_\_\_\_  
NCIC Check \_\_\_\_\_  
Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ (STREET) \_\_\_\_\_ (APT.) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Charge Assault of Min Bond \$1,000.00  
Charge \_\_\_\_\_ Bond \_\_\_\_\_  
Charge \_\_\_\_\_ Bond \_\_\_\_\_  
Charge \_\_\_\_\_ Bond \_\_\_\_\_  
(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

ARRESTING OFFICER Ray Mack (PLEASE PRINT)  
Signature \_\_\_\_\_  
AGENCY \_\_\_\_\_  
BOOKING OFFICER Mandy Ruppel (PLEASE PRINT)  
Signature \_\_\_\_\_

RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature of Person Released Mandy Ruppel  
Signature of Releasing Officer Sgt S. Nunn  
Date of Release 5-14-03 Time 2:30 AM  
Type of Release Thompson Bond  
Signature of Releasing Officer \_\_\_\_\_

P.O.E. Nunn's Shop  
OCCUPATION Cuts Hair  
P.O.B. Geneva

WARRANT # \_\_\_\_\_  
WARRANT # \_\_\_\_\_  
WARRANT # \_\_\_\_\_  
WARRANT # \_\_\_\_\_

BOOKING SHEET

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- |                                                 |                                                           |
|-------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> a. Asthma   | <input type="checkbox"/> g. Alcoholism                    |
| <input type="checkbox"/> b. Heart Trouble       | <input type="checkbox"/> h. Mental Illness                |
| <input type="checkbox"/> c. Hypertension        | <input type="checkbox"/> i. Venereal Disease              |
| <input type="checkbox"/> d. Diabetes            | <input type="checkbox"/> j. Tuberculosis                  |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer                         |
| <input type="checkbox"/> f. Drug Addiction      | <input type="checkbox"/> l. Faintly of recent head injury |
|                                                 | <input type="checkbox"/> m. Hepatitis                     |

If any response was yes, please explain and give date of last treatment.

2. Are you allergic to anything? Yes If yes, what? Fish

3. Have you ever been determined to be HIV positive? No If yes, when?

4. Are you currently taking any prescription medication? No If yes, what?

5. Does the inmate require a special diet prescribed by a physician? No If yes, what?

For what?

6. Do you have any other medical or mental problem we should know about? No If yes, what?

GENEVA COUNTY JAIL

I, Bowell, Nann, HAVE BEEN ADVISED BY \_\_\_\_\_, THE JAILER OF THE FOLLOWING;

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO SEARCH BY AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND

ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR CORRESPONDENCE WITH COURT OFFICIALS

[Signature]  
INMATE SIGNATURE

5-14-03 DATE

[Signature]  
JAILERS SIGNATURE

5-14-03 DATE

BOOKING SHEET

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

1. Check One: \_\_\_\_\_

☒ This inmate was cooperative in responding to the above questions and allowing me to observe him.

\_\_\_\_\_ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability: \_\_\_\_\_

2. I certify that I have today observed inmate Joseph E. Wynn, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

Signature of Booking Officer

Theresa E. Taylor

Date:

8-14-03

Time:

1:18 PM

HOLD

P.O.B.

OCCUPATION

P.O.E.

WARRANT # 151996 000050.06

WARRANT #

WARRANT #

WARRANT #

Signature of Releasing Officer

Date of Release 9-22-03 Time 11:15 PM Type of Release Per. Judge Fleming

Signature of Person Released

I have received all properties taken from me by the Geneva County Sheriff's Department.

## RELEASE INFORMATION

BOOKING OFFICER

AGENCY

Signature

ARRESTING OFFICER

Charge

Bond

Charge

Bond

Charge

Bond

(STREET)

(APT.)

(CITY)

(STATE)

(ZIP)

Address

Next of Kin

Relationship

NCIC Check

Telephone

I.D. No.

(STREET)

(APT.)

(CITY)

(STATE)

(ZIP)

Address

Ht. 6'4"

Wt. 171

DOB 1-8-77

Photo

F.P.

Race B

Sex M

Age 26

Eyes Bco

Hair Bllk

Date of Arrest 9-22-03

Social Security No. 422-841-7894

Alias

Name

(LAST)

(FIRST)

(MIDDLE)

Date 9-22-03

Time 9:50 AM

Warrant Book

Probation Check

## BOOKING SHEET

## GENEVA COUNTY JAIL

# BOOKING SHEET

## HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- |                                                 |                                                           |
|-------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> a. Asthma   | <input type="checkbox"/> m. Hepatitis                     |
| <input type="checkbox"/> b. Heart Trouble       | <input type="checkbox"/> l. Faintly of recent head injury |
| <input type="checkbox"/> c. Hypertension        | <input type="checkbox"/> k. Ulcer                         |
| <input type="checkbox"/> d. Diabetes            | <input type="checkbox"/> j. Tuberculosis                  |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> i. Venereal Disease              |
| <input type="checkbox"/> f. Drug Addiction      | <input type="checkbox"/> h. Mental Illness                |
|                                                 | <input type="checkbox"/> g. Alcoholism                    |

If any response was yes, please explain and give date of last treatment.

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

2.

Are you allergic to anything?

If yes, what?

3.

Have you ever been determined to be HIV positive?

If yes, when?

4.

Are you currently taking any prescription medication?

If yes, what?

5.

Does the inmate require a special diet prescribed by a physician?

If yes, what?

For what?

6.

Do you have any other medical or mental problem we should know about?

If yes, what?

GENEVA COUNTY JAIL

I, Souel Nunn, JAILER OF THE FOLLOWING, HAVE BEEN ADVISED BY

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO SEARCH BY  
AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND

ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR  
CORRESPONDENCE WITH COURT OFFICIALS

X Souel Nunn  
INMATE SIGNATURE

[Signature]  
JAILERS SIGNATURE

9-22-03 DATE

9-22-03 DATE

# BOOKING SHEET

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

1. Check One ☒

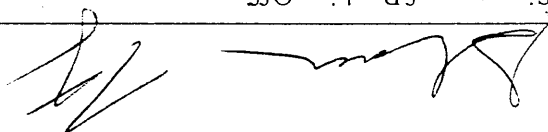
This inmate was cooperative in responding to the above questions and allowing me to observe him.

\_\_\_\_\_ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability:

\_\_\_\_\_  
\_\_\_\_\_

2. I certify that I have today observed inmate \_\_\_\_\_, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

Signature of Booking Officer



Date:

9-22-03

Time:

~~9:50 AM~~ 9:50 AM



## GENEVA COUNTY JAIL

## BOOKING SHEET

Date 5-8-97 Time 5:00 PM

Name NUM (LAST) SOVI (FIRST) (MIDDLE)

Alias \_\_\_\_\_

Date of Arrest 5-8-97

Race B Sex M Age DOB 1-8-77 Eyes BK Hair B/S F.P. \_\_\_\_\_

Ht. 6'5" Wt. 171

Address (STREET) (APT.) (CITY) (STATE) (ZIP)

Telephone \_\_\_\_\_

NCIC Check \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

I.D. No. \_\_\_\_\_

Charge Aggravated Assault Bond 15,000 Charge \_\_\_\_\_ Bond \_\_\_\_\_

Charge Entering a Vehicle Bond 10,000 Charge \_\_\_\_\_ Bond \_\_\_\_\_

Charge \_\_\_\_\_ Bond \_\_\_\_\_

ARRESTING OFFICER

Signature

AGENCY

BOOKING OFFICER

(Please Print)

## RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature of Person Released

Type of Release

Date of Release

Time

Signature of Releasing Officer



[illegible]

IF ANY QUESTION ABOVE WAS ANSWERED "YES," SPECIFY SYMPTOMS OR OBSERVATIONS BELOW.

1. Is the inmate conscious?
2. Does the new inmate have obvious pain, trauma, bleeding or other symptoms suggesting a need for medication attention?
3. Is there obvious fever, swollen lymph nodes, jaundice, or other evidence of infection?
4. Is the skin in poor condition or showing signs of vermin?
5. Does the inmate appear to be under the influence of alcohol or drugs?
6. Are there any visible signs of alcohol or drug withdrawal such as extreme sweating, shakes, nausea, pinpoint pupils, or cramping?
7. Does the inmate's behavior suggest the risk of assault to staff or other inmates?
8. Does the inmate have medication with him?
9. Are there any obvious physical handicaps or signs of mental retardation?
10. Does the inmate appear to be depressed or despondent?
11. Does the inmate have obvious scars from previous suicide attempt(s)?

## BOOKING OFFICER'S VISUAL OBSERVATIONS

Inmate Name \_\_\_\_\_

Date \_\_\_\_\_

## Time



BOOKING SHEET  
PAGE 3

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## SUICIDE PREVENTION SCREENING FORM

(Complete form by your observation and questions to this inmate.)

QUESTIONS		YES	NO
1.	Does the arresting officer believe the inmate is a suicidal risk?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Does the inmate lack close family or friend in the community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Has the inmate experienced a major loss in the past six months? (i.e. loss of a relative, job, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Has the inmate expressed concern about problems other than his legal situation? (i.e. financial or family problems, medical condition, fear of losing job, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Has someone close to the inmate (family, spouse, friend) attempted or committed suicide?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Does the inmate have a history of psychiatric treatment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Does the inmate have a history of drug or alcohol abuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Does the inmate hold a position of respect in the community or is the alleged crime shocking in nature?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Is the inmate thinking of killing himself?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Has the inmate previously attempted suicide?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Does the inmate feel there is nothing to look forward to? (i.e. hopelessness or helplessness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Does the inmate show signs of depression? (i.e. crying or emotional flatness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	Does the inmate appear to be anxious, afraid or angry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	Does the inmate appear to be unusually embarrassed or ashamed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.	Is the inmate acting or talking in a strange manner? (cannot focus attention or sees or hears things that are not there)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.	Is the inmate under the influence of alcohol or drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17.	Is this the inmate's first arrest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Total number of "Yes" Responses \_\_\_\_\_

If the number of "yes" responses is more than eight (8), notify the shift supervisor or chief jailer, have Mental Health personnel contacted, and place the inmate in the jail only in an area with other inmates in order that he may be closely monitored. An Observation Log should be maintained during the inmate's stay in the jail.



BOOKING SHEET  
PAGE 4

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- |                                                 |                                                           |
|-------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> a. Asthma              | <input type="checkbox"/> g. Alcoholism                    |
| <input type="checkbox"/> b. Heart Trouble       | <input type="checkbox"/> h. Mental Illness                |
| <input type="checkbox"/> c. Hypertension        | <input type="checkbox"/> i. Venereal Disease              |
| <input type="checkbox"/> d. Diabetes            | <input type="checkbox"/> j. Tuberculosis                  |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer                         |
| <input type="checkbox"/> f. Drug Addiction      | <input type="checkbox"/> l. Faintly of recent head injury |
|                                                 | <input type="checkbox"/> m. Hepatitis                     |

If any response was yes, please explain and give date of last treatment \_\_\_\_\_

2. Are you allergic to anything? \_\_\_\_\_  
If yes, what? \_\_\_\_\_
3. Have you ever been determined to be HIV positive? \_\_\_\_\_  
If yes, when? \_\_\_\_\_
4. Are you currently taking any prescription medication? \_\_\_\_\_  
If yes, what? \_\_\_\_\_
5. Does the inmate require a special diet prescribed by a physician? \_\_\_\_\_  
If yes, what? \_\_\_\_\_  
For what? \_\_\_\_\_
6. Do you have any other medical or mental problem we should know about? \_\_\_\_\_  
If yes, what? \_\_\_\_\_





**BOOKING SHEET**  
**PAGE 5**

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

I. Check One:

\_\_\_\_\_ This inmate was cooperative in responding to the above questions and allowing me to observe him.  
\_\_\_\_\_ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability: \_\_\_\_\_

2. I certify that I have today observed inmate \_\_\_\_\_, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

\_\_\_\_\_  
Signature of Booking Officer

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Time:



## GENEVA COUNTY JAIL

## BOOKING SHEET

Date 18 Feb 97 Time 745 PM

Name (LAST) Nurn (FIRST) Jocel (MIDDLE) SCARLETT

Alias \_\_\_\_\_

Date of Arrest 18 Feb 97

Race B Sex M Age 20 DOB 1-8-77 Eyes BR Hair BLK

Ht. 6'4" Wt. 170 Photo Yes F.P. Yes

Address (STREET) 202 S. 8th St (APT.) 5th (CITY) SAVANA (STATE) GA (ZIP) 30606

Telephone 898 9198

NCIC Check \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

I.D. No. \_\_\_\_\_

Social Security No. 422-84-7896

Address (STREET) 340 1/2 1st (APT.) 5000.00 (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Charge Occupied Vehicle Bond \_\_\_\_\_

Charge \_\_\_\_\_ Bond \_\_\_\_\_

Charge \_\_\_\_\_ Bond \_\_\_\_\_

ARRESTING OFFICER Stokey (Please Print) 3402

Signature \_\_\_\_\_

AGENCY \_\_\_\_\_

BOOKING OFFICER [Signature] (Please Print) \_\_\_\_\_

## RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature of Person Released [Signature]

Type of Release Property Bond

Time 810 PM

Date of Release 2-18-97

Signature of Releasing Officer [Signature]

Jo B. Gentry, III

Booked None



QUESTION #	SYMPTOM OR OBSERVATION

IF ANY QUESTION ABOVE WAS ANSWERED "YES," SPECIFY SYMPTOMS OR OBSERVATIONS BELOW.

1. Is the inmate conscious? ☒ yes ☐ no
2. Does the new inmate have obvious pain, trauma, bleeding or other symptoms suggesting a need for medication attention? ☐ yes ☒ no
3. Is there obvious fever, swollen lymph nodes, jaundice, or other evidence of infection? ☐ yes ☒ no
4. Is the skin in poor condition or showing signs of vermin? ☐ yes ☒ no
5. Does the inmate appear to be under the influence of alcohol or drugs? ☐ yes ☒ no
6. Are there any visible signs of alcohol or drug withdrawal such as extreme sweating, shakes nausea, pinpoint pupils, or cramping? ☐ yes ☒ no
7. Does the inmate's behavior suggest the risk of assault to staff or other inmates? ☐ yes ☒ no
8. Does the inmate have medication with him? ☐ yes ☒ no
9. Are there any obvious physical handicaps or signs of mental retardation? ☐ yes ☒ no
10. Does the inmate appear to be depressed or despondent? ☐ yes ☒ no
11. Does the inmate have obvious scars from previous suicide attempt(s)? ☐ yes ☒ no

### BOOKING OFFICER'S VISUAL OBSERVATIONS

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



BOOKING SHEET  
PAGE 3

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

SUICIDE PREVENTION SCREENING FORM  
(Complete form by your observation and questions to this inmate.)

QUESTIONS		YES	NO
1.	Does the arresting officer believe the inmate is a suicidal risk?		
2.	Does the inmate lack close family or friend in the community?		
3.	Has the inmate experienced a major loss in the past six months? (i.e. loss of a relative, job, etc.)		
4.	Has the inmate expressed concern about problems other than his legal situation? (i.e. financial or family problems, medical condition, fear of losing job, etc.)		
5.	Has someone close to the inmate (family, spouse, friend) attempted or committed suicide?		
6.	Does the inmate have a history of psychiatric treatment?		
7.	Does the inmate have a history of drug or alcohol abuse?		
8.	Does the inmate hold a position of respect in the community or is the alleged crime shocking in nature?		
9.	Is the inmate thinking of killing himself?		
10.	Has the inmate previously attempted suicide?		
11.	Does the inmate feel there is nothing to look forward to? (i.e. hopelessness or helplessness)		
12.	Does the inmate show signs of depression? (i.e. crying or emotional flatness)		
13.	Does the inmate appear to be anxious, afraid or angry?		
14.	Does the inmate appear to be unusually embarrassed or ashamed?		
15.	Is the inmate acting or talking in a strange manner? (cannot focus attention or sees or hears things that are not there)		
16.	Is the inmate under the influence of alcohol or drugs?		
17.	Is this the inmate's first arrest?		

Total number of "Yes" Responses \_\_\_\_\_

If the number of "yes" responses is more than eight (8), notify the shift supervisor or chief jailer, have Mental Health personnel contacted, and place the inmate in the jail only in an area with other inmates in order that he may be closely monitored. An Observation Log should be maintained during the inmate's stay in the jail.





BOOKING SHEET  
PAGE 4

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- |                                                 |                                                           |
|-------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> a. Asthma              | <input type="checkbox"/> g. Alcoholism                    |
| <input type="checkbox"/> b. Heart Trouble       | <input type="checkbox"/> h. Mental Illness                |
| <input type="checkbox"/> c. Hypertension        | <input type="checkbox"/> i. Venereal Disease              |
| <input type="checkbox"/> d. Diabetes            | <input type="checkbox"/> j. Tuberculosis                  |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer                         |
| <input type="checkbox"/> f. Drug Addiction      | <input type="checkbox"/> l. Faintly of recent head injury |
|                                                 | <input type="checkbox"/> m. Hepatitis                     |

If any response was yes, please explain and give date of last treatment \_\_\_\_\_

2. Are you allergic to anything? \_\_\_\_\_ If yes, what? \_\_\_\_\_
3. Have you ever been determined to be HIV positive? \_\_\_\_\_ If yes, when? \_\_\_\_\_
4. Are you currently taking any prescription medication? \_\_\_\_\_ If yes, what? \_\_\_\_\_
5. Does the inmate require a special diet prescribed by a physician? \_\_\_\_\_ If yes, what? \_\_\_\_\_
6. Do you have any other medical or mental problem we should know about? \_\_\_\_\_ If yes, what? \_\_\_\_\_



BOOKING SHEET  
PAGE 5

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

1. Check One: ☒

This inmate was cooperative in responding to the above questions and allowing me to observe him.

\_\_\_\_\_ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability: \_\_\_\_\_

2. I certify that I have today observed inmate \_\_\_\_\_, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

*[Signature]*

Signature of Booking Officer

Date: 18 Aug 97

Time: 750 pm



## GENEVA COUNTY JAIL

## BOOKING SHEET

Date		19 Feb 97		Time		4:33 pm	
Name		Nurn		(LAST)		(FIRST)	
Alias				(MIDDLE)			
Date of Arrest		2-19-97		Social Security No.		422-84.7596	
Race		B		Sex		M	
Ht.		6'4"		Wt.		171	
DOB		1-8-77		Eyes		BRN	
Photo		Yes		F.P.		Yes	
Hair		BLK		Relationship			
Address		202 S Broad St		(STREET)		(APT.)	
Telephone		858.9198		I.D. No.			
NCIC Check				Relationship			
Next of Kin				(CITY)		(STATE)	
Address				(STREET)		(APT.)	
Charge		Poss. 5th Degree Rape		Charge		Bond	
Charge				Charge		Bond	
Charge				Charge		Bond	
ARRESTING OFFICER		Sheher /		(Please Print)			
AGENCY		SN		Signature		Samson	
BOOKING OFFICER		Eugene Campbell		(Please Print)			
RELEASE INFORMATION							
I have received all properties taken from me by the Geneva County Sheriff's Department.				Signature of Person Released		Paul S. Nurn	
Date of Release		2-26-97		Time		8:40 AM	
Type of Release		BOND		Signature of Releasing Officer		Paul S. Nurn	

SUBJ Has 374.00 CASH



## BOOKING OFFICER'S VISUAL OBSERVATIONS

2. Does the new inmate have obvious pain, trauma, bleeding or other symptoms suggesting a need for medication attention?

**need for medication attention?**

3. Is there obvious fever, swollen lymph nodes, jaundice, or other evidence of infection?

4. Is the skin in poor condition or showing signs of vermin?

5. Does the inmate appear to be under the influence of alcohol or drugs?

Are there any visible signs of alcohol or drug withdrawal such as extreme sweating, shakes, nausea, pinpoint pupils, or cramping?

Does the inmate's behavior suggest the risk of assault to staff or other inmates?

Does the inmate have medication with him?

Are there any obvious physical handicaps or signs of mental retardation?

10. Does the inmate appear to be depressed or despondent?

• Does the inmate have obvious scars from previous suicide attempt(s)?

☒ no ☐ yes

☐ no ☐ yes

☐ yes ☐ no

☐ no ☐ yes

☐ yes ☐ no

☐ yes ☐ no

1

1

T 1

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11

☐ no ☒ yes

Inmate Name \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_





BOOKING SHEET  
PAGE 3

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## SUICIDE PREVENTION SCREENING FORM

(Complete form by your observation and questions to this inmate.)

QUESTIONS		YES	NO
1.	Does the arresting officer believe the inmate is a suicidal risk?		
2.	Does the inmate lack close family or friend in the community?		
3.	Has the inmate experienced a major loss in the past six months? (i.e. loss of a relative, job, etc.)		
4.	Has the inmate expressed concern about problems other than his legal situation? (i.e. financial or family problems, medical condition, fear of losing job, etc.)		
5.	Has someone close to the inmate (family, spouse, friend) attempted or committed suicide?		
6.	Does the inmate have a history of psychiatric treatment?		
7.	Does the inmate have a history of drug or alcohol abuse?		
8.	Does the inmate hold a position of respect in the community or is the alleged crime shocking in nature?		
9.	Is the inmate thinking of killing himself?		
10.	Has the inmate previously attempted suicide?		
11.	Does the inmate feel there is nothing to look forward to? (i.e. hopelessness or helplessness)		
12.	Does the inmate show signs of depression? (i.e. crying or emotional flatness)		
13.	Does the inmate appear to be anxious, afraid or angry?		
14.	Does the inmate appear to be unusually embarrassed or ashamed?		
15.	Is the inmate acting or talking in a strange manner? (cannot focus attention or sees or hears things that are not there)		
16.	Is the inmate under the influence of alcohol or drugs?		
17.	Is this the inmate's first arrest?		

Total number of "Yes" Responses \_\_\_\_\_

If the number of "yes" responses is more than eight (8), notify the shift supervisor or chief jailer, have Mental Health personnel contacted, and place the inmate in the jail only in an area with other inmates in order that he may be closely monitored. An Observation Log should be maintained during the inmate's stay in the jail.



BOOKING SHEET  
PAGE 4

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- |                                                 |                                                           |
|-------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> a. Asthma              | <input type="checkbox"/> g. Alcoholism                    |
| <input type="checkbox"/> b. Heart Trouble       | <input type="checkbox"/> h. Mental Illness                |
| <input type="checkbox"/> c. Hypertension        | <input type="checkbox"/> i. Venereal Disease              |
| <input type="checkbox"/> d. Diabetes            | <input type="checkbox"/> j. Tuberculosis                  |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer                         |
| <input type="checkbox"/> f. Drug Addiction      | <input type="checkbox"/> l. Faintly or recent head injury |
|                                                 | <input type="checkbox"/> m. Hepatitis                     |

If any response was yes, please explain and give date of last treatment \_\_\_\_\_

2. Are you allergic to anything? fish If yes, what? \_\_\_\_\_3. Have you ever been determined to be HIV positive? no If yes, when? \_\_\_\_\_4. Are you currently taking any prescription medication? no If yes, what? \_\_\_\_\_

For what? \_\_\_\_\_

5. Does the inmate require a special diet prescribed by a physician? no If yes, what? \_\_\_\_\_

For what? \_\_\_\_\_

6. Do you have any other medical or mental problem we should know about? no If yes, what? \_\_\_\_\_



BOOKING SHEET  
PAGE 5

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

1. Check One:

☒ This inmate was cooperative in responding to the above questions and allowing me to observe him.

\_\_\_\_\_ This inmate refused or was unable to cooperate and refused to answer my questions concerning his

medical history and/or potential for suicide. Reason for inability:

2. I certify that I have today observed inmate Sowell, Aaron, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

Eugene Campbell  
Signature of Booking Officer

Date: 2-15-97

Time: 4:37 pm



10-20-98

## GENEVA COUNTY JAIL

## BOOKING SHEET

Date 10-20-98 Time 9:10 AM Name Michelle (LAST) Scott (FIRST) Scott (MIDDLE) Alias \_\_\_\_\_

Date of Arrest 10-20-98 Race Blk Sex M Age 21 Eyes Bru Hair Blk Social Security No. 422-84-796

Ht. 6'4" Wt. 170 DOB 1-8-77 Photo 1 F.P. 1 Address 202 S. Broad St. (STREET) St. Louis (CITY) AL (STATE) 36477 (ZIP)

Telephone (334) 998-2433 I.D. No. \_\_\_\_\_ Relationship \_\_\_\_\_

NCIC Check \_\_\_\_\_ Next of Kin \_\_\_\_\_ Address \_\_\_\_\_

Charge Aggravated Assault Bond \_\_\_\_\_ Charge Aggravated Assault Bond \_\_\_\_\_ Charge Aggravated Assault Bond \_\_\_\_\_

ARRESTING OFFICER Scott Signature [Signature] (Please Print) \_\_\_\_\_

AGENCY \_\_\_\_\_ BOOKING OFFICER Scott (Please Print) \_\_\_\_\_

## RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

Date of Release 10-20-98 Time 10:10 AM Type of Release Prep Bond Signature of Person Released David S. Mumma Signature of Releasing Officer Ray W. [Signature]





## GENEVA COUNTY JAIL

## BOOKING SHEET

Date 6-21-98 Time 8:03 PM  
Name (LAST) Johnson (FIRST) Joel (MIDDLE) Samuel  
Alias \_\_\_\_\_

Date of Arrest 6-21-98  
Race W Sex M Age 21 Eyes BR Hair BLK  
Ht. 5'11" Wt. 171 DOB 1-1-77 Photo Y F.P. Y  
Address (STREET) 202 S. 8th St (APT.) 4 (CITY) Geneva (STATE) IL (ZIP) 60135  
Telephone \_\_\_\_\_ I.D. No. \_\_\_\_\_ Relationship \_\_\_\_\_

NCIC Check \_\_\_\_\_  
Next of Kin \_\_\_\_\_  
Address (STREET) 202 S. 8th St (APT.) 4 (CITY) Geneva (STATE) IL (ZIP) 60135  
Charge No payment Bond \_\_\_\_\_  
Charge Charge Bond \_\_\_\_\_  
Charge Charge Bond \_\_\_\_\_  
Charge Charge Bond \_\_\_\_\_  
ARRESTING OFFICER 10:00 PM 3403 (Please Print) \_\_\_\_\_  
Signature \_\_\_\_\_ AGENCY \_\_\_\_\_

BOOKING OFFICER 10:00 PM 3403 (Please Print) \_\_\_\_\_  
Signature \_\_\_\_\_ AGENCY \_\_\_\_\_

## RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature of Person Released David S. Johnson

Type of Release \_\_\_\_\_

Time 11:11

Date of Release 7-16-98

Signature of Releasing Officer 7-11-98



P.O.E.  
OCCUPATION  
P.O.B.  
HOLD

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature of Person Released X [Signature]

Signature of Releasing Officer [Signature]

Date of Release 6-15-01 Time 1:08 PM Type of Release PRO BOND

## RELEASE INFORMATION

BOOKING OFFICER DONALD W WEEKS (Please Print)

AGENCY CC Signature \_\_\_\_\_

ARRESTING OFFICER MOCH (Please Print)

Charge POSSESS OF MARIJUANA Bond \$500.00

Charge POSSESS OF MARIJUANA Bond \$500.00

Charge POSSESS OF MARIJUANA Bond \$500.00

Charge POSSESS OF MARIJUANA Bond \$500.00

Address (STREET) (APT.) (CITY) (STATE) (ZIP)

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ I.D. No. \_\_\_\_\_

NCIC Check \_\_\_\_\_

Date of Arrest 6-14-01 Race B Sex M Age 24 Eyes BRO Hair BLK

Ht. 6'4" Wt. 270 DOB 1-8-22 Photo \_\_\_\_\_ F.P. \_\_\_\_\_

Address 202 S BRADSHAW ST (CITY) (STATE) (ZIP)

Social Security No. 422-84-7846

Name (LAST) (FIRST) (MIDDLE) NANN JO WHEEL SCARRIHO

Date 6-14-01 Time 4:40 AM

## BOOKING SHEET

GENEVA COUNTY JAIL

**BOOKING OFFICER'S VISUAL OBSERVATIONS**

☐ no ☒ yes

☒ no ☐ yes

☒ no ☐ yes

☒ no ☐ yes

☒ no ☐ yes

☐ no ☐ yes

☐ no ☐ yes

☒ no ☐ yes☒ no ☐ yes

☒ ou ☐ se

☒ on ☐ es

IF ANY QUESTION ABOVE WAS ANSWERED "YES," SPECIFY SYMPTOMS OR OBSERVATIONS BELOW.

[illegible]

BOOKING SHEET  
PAGE 3

Inmate Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

SUICIDE PREVENTION SCREENING FORM  
(Complete form by your observation and questions to this inmate.)

QUESTIONS		YES	NO
1.	Does the arresting officer believe the inmate is a suicidal risk?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Does the inmate lack close family or friend in the community?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Has the inmate experienced a major loss in the past six months? (i.e. loss of a relative, job, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Has the inmate expressed concern about problems other than his legal situation? (i.e. financial or family problems, medical condition, fear of losing job, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Has someone close to the inmate (family, spouse, friend) attempted or committed suicide?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Does the inmate have a history of psychiatric treatment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Does the inmate have a history of drug or alcohol abuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Does the inmate hold a position of respect in the community or is the alleged crime shocking in nature?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Is the inmate thinking of killing himself?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Has the inmate previously attempted suicide?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Does the inmate feel there is nothing to look forward to? (i.e. hopelessness or helplessness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Does the inmate show signs of depression? (i.e. crying or emotional flatness)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13.	Does the inmate appear to be anxious, afraid or angry?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	Does the inmate appear to be unusually embarrassed or ashamed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.	Is the inmate acting or talking in a strange manner? (cannot focus attention or sees or hears things that are not there)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.	Is the inmate under the influence of alcohol or drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17.	Is this the inmate's first arrest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Total number of "Yes" Responses \_\_\_\_\_

If the number of "yes" responses is more than eight (8), notify the shift supervisor or chief jailer, have Mental Health personnel contacted, and place the inmate in the jail only in an area with other inmates in order that he may be closely monitored. An Observation Log should be maintained during the inmate's stay in the jail.

BOOKING SHEET  
PAGE 4

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- |                                                 |                                                           |
|-------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> a. Asthma              | <input type="checkbox"/> g. Alcoholism                    |
| <input type="checkbox"/> b. Heart Trouble       | <input type="checkbox"/> h. Mental Illness                |
| <input type="checkbox"/> c. Hypertension        | <input type="checkbox"/> i. Venereal Disease              |
| <input type="checkbox"/> d. Diabetes            | <input type="checkbox"/> j. Tuberculosis                  |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer                         |
| <input type="checkbox"/> f. Drug Addiction      | <input type="checkbox"/> l. Faintly or recent head injury |
| <input type="checkbox"/> m. Hepatitis           |                                                           |

If any response was yes, please explain and give date of last treatment \_\_\_\_\_

2. Are you allergic to anything? FISH If yes, what? \_\_\_\_\_3. Have you ever been determined to be HIV positive? NO If yes, when? \_\_\_\_\_4. Are you currently taking any prescription medication? NO If yes, what? \_\_\_\_\_

For what? \_\_\_\_\_

5. Does the inmate require a special diet prescribed by a physician? NO If yes, what? \_\_\_\_\_

For what? \_\_\_\_\_

6. Do you have any other medical or mental problem we should know about? NO If yes, what? \_\_\_\_\_

BOOKING SHEET  
PAGE 5

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

1. Check One: ☒

\_\_\_\_\_ This inmate was cooperative in responding to the above questions and allowing me to observe him.

\_\_\_\_\_ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability: \_\_\_\_\_

2. I certify that I have today observed inmate \_\_\_\_\_, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

*Donald W. Smith*

Signature of Booking Officer

Date: 6-14-01

Time: 4:14 AM

I, \_\_\_\_\_, HAVE BEEN ADVISED BY THE JAILER  
OF THE FOLLOWING;

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO  
SEARCH BY AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND  
ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR  
CORRESPONDENCE WITH COURT OFFICIALS

INMATE SIGNATURE

*James S. Dineen*

DATE

*6-14-01*

JAILERS SIGNATURE

*David L. Webb*

DATE

*6-14-01*



## GENEVA COUNTY JAIL

## BOOKING SHEET

Date 3-23-99 Time 5:00 PM  
 Name (LAST) JOHNSON (FIRST) S. (MIDDLE)  
 Alias \_\_\_\_\_  
 Date of Arrest 3-23-99  
 Race B Sex M Age 22  
 Ht. 6'4" Wt. 175 DOB 1-8-77  
 Address 202 S Grand St (STREET) (APT.) (CITY) (STATE) (ZIP)  
 Telephone 898-2433  
 NCIC Check \_\_\_\_\_  
 Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_  
 I.D. No. \_\_\_\_\_  
 Social Security No. 42284 2896  
 Eyes BR Hair B/K F.P. Yol  
 Photo Yol  
 Charge Rob Vio Bond No Charge \_\_\_\_\_ Bond \_\_\_\_\_  
 Charge Bond Charge \_\_\_\_\_ Bond \_\_\_\_\_  
 Charge Bond Charge \_\_\_\_\_ Bond \_\_\_\_\_  
 ARRESTING OFFICER H. H. H. (Please Print) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 AGENCY \_\_\_\_\_  
 BOOKING OFFICER U. H. (Please Print) \_\_\_\_\_  
 RELEASE INFORMATION  
 I have received all properties taken from me by the Geneva County Sheriff's Department.  
 Signature of Person Released David Johnson  
 Signature of Releasing Officer David Johnson  
 Date of Release 3-21-99 Time 11:00 AM Type of Release To Family



\_\_\_\_\_  
 Inmate Name \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_  
 Time \_\_\_\_\_

- ☒ no ☐ yes

IF ANY QUESTION ABOVE WAS ANSWERED "YES," SPECIFY SYMPTOMS OR OBSERVATIONS BELOW.

[illegible]



## SUICIDE PREVENTION SCREENING FORM

(Complete form by your observation and questions to this inmate.)

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

BOOKING SHEET  
PAGE 3

QUESTIONS		YES	NO
1.	Does the arresting officer believe the inmate is a suicidal risk?		
2.	Does the inmate lack close family or friend in the community?		
3.	Has the inmate experienced a major loss in the past six months? (i.e. loss of a relative, job, etc.)		
4.	Has the inmate expressed concern about problems other than his legal situation? (i.e. financial or family problems, medical condition, fear of losing job, etc.)		
5.	Has someone close to the inmate (family, spouse, friend) attempted or committed suicide?		
6.	Does the inmate have a history of psychiatric treatment?		
7.	Does the inmate have a history of drug or alcohol abuse?		
8.	Does the inmate hold a position of respect in the community or is the alleged crime shocking in nature?		
9.	Is the inmate thinking of killing himself?		
10.	Has the inmate previously attempted suicide?		
11.	Does the inmate feel there is nothing to look forward to? (i.e. hopelessness or helplessness)		
12.	Does the inmate show signs of depression? (i.e. crying or emotional lability)		
13.	Does the inmate appear to be anxious, afraid or angry?		
14.	Does the inmate appear to be unusually embarrassed or ashamed?		
15.	Is the inmate acting or talking in a strange manner? (cannot focus attention or sees or hears things that are not there)		
16.	Is the inmate under the influence of alcohol or drugs?		
17.	Is this the inmate's first arrest?		

Total number of "Yes" Responses \_\_\_\_\_

If the number of "yes" responses is more than eight (8), notify the shift supervisor or chief jailer, have Mental Health personnel contacted, and place the inmate in the jail only in an area with other inmates in order that he may be closely monitored. An Observation Log should be maintained during the inmate's stay in the jail.



# HEALTH SCREENING FORM

BOOKING SHEET  
PAGE 4

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

1. Have you ever had or been treated for: (mark box if answer is yes)

- |                                                 |                                                           |
|-------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> a. Asthma   | <input type="checkbox"/> m. Hepatitis                     |
| <input type="checkbox"/> b. Heart Trouble       | <input type="checkbox"/> n. Faintly of recent head injury |
| <input type="checkbox"/> c. Hypertension        | <input type="checkbox"/> o. Ulcer                         |
| <input type="checkbox"/> d. Diabetes            | <input type="checkbox"/> p. Tuberculosis                  |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> q. Venereal Disease              |
| <input type="checkbox"/> f. Drug Addiction      | <input type="checkbox"/> r. Mental Illness                |
|                                                 | <input type="checkbox"/> s. Alcoholism                    |

If any response was yes, please explain and give date of last treatment  
*No Med.*

2. Are you allergic to anything?

*Yes*

If yes, what?

*fish*

3. Have you ever been determined to be HIV positive?

*No*

If yes, when?

4. Are you currently taking any prescription medication?

*No*

If yes, what?

For what?

5. Does the inmate require a special diet prescribed by a physician?

*No*

If yes, what?

For what?

6. Do you have any other medical or mental problem we should know about?

*No*

If yes, what?





BOOKING SHEET  
PAGES

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

I. Check One:

\_\_\_\_\_ This inmate was cooperative in responding to the above questions and allowing me to observe him.  
\_\_\_\_\_ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability: \_\_\_\_\_

2. I certify that I have today observed inmate \_\_\_\_\_, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

Signature of Booking Officer \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_



JAILERS SIGNATURE

*[Signature]*

DATE

*3-23-99*

INMATE SIGNATURE

*X Jewel S. Nunn*

DATE

*3-23-99*

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO  
 SEARCH BY AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND  
 ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR  
 CORRESPONDENCE WITH COURT OFFICIALS

OF THE FOLLOWING, I, *Nunn*, HAVE BEEN ADVISED BY THE JAILER

GENEVA COUNTY JAIL



1 ORI #		2 AGENCY NAME		3 CASE #		4 SFX	
5 LAST, FIRST, MIDDLE NAME		6 ALIAS AKA		7 SEX		8 RACE	
9 HGT.		10 WGT.		11 EYE		12 HAIR	
13 SKIN		14 SCARS		15 MARKS		16 TATOOS	
17 DATE OF BIRTH		18 AGE		19 MISCELLANEOUS ID #		20 SID #	
21 FINGERPRINT CLASS		22 DL #		23 ST		24 FBI #	
25 IDENTIFICATION COMMENTS		26 RESIDENCE PHONE		27 OCCUPATION (BE SPECIFIC)		28 RESIDENT	
29 HOME ADDRESS (STREET, CITY, STATE, ZIP)		30 EMPLOYER (NAME OF COMPANY/SCHOOL)		31 BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)		32 BUSINESS PHONE	
33 LOCATION OF ARREST (STREET, CITY, STATE, ZIP)		34 SECTOR #		35 ARRESTED FOR YOUR JURISDICTION?		36 CONDITION OF	
37 RESIST ARREST?		38 INJURIES?		39 ARMED?		40 DESCRIPTION OF WEAPON	
41 DATE OF ARREST		42 TIME OF ARREST		43 DAY OF ARREST		44 TYPE ARREST	
45 ARRESTED BEFORE?		46 CHARGE-1		47 UCR CODE		48 CHARGE-2	
49 UCR CODE		50 STATE CODE/LOCAL ORDINANCE		51 WARRANT #		52 DATE ISSUED	
53 STATE CODE/LOCAL ORDINANCE		54 CHARGE-3		55 UCR CODE		56 CHARGE-4	
57 UCR CODE		58 STATE CODE/LOCAL ORDINANCE		59 WARRANT #		60 DATE ISSUED	
61 STATE CODE/LOCAL ORDINANCE		62 CHARGE-5		63 UCR CODE		64 CHARGE-6	
65 UCR CODE		66 ARREST DISPOSITION		67 IF OUT ON RELEASE		68 ARRESTED WITH (1) ACCOMPLICE (FULL NAME)	
69 ARRESTED WITH (2) ACCOMPLICE (FULL NAME)		70 YR		71 YMA		72 VMO	
73 VST		74 VCO		75 TAG #		76 LIS	
77 LLY		78 VIN		79 IMPOUNDED?		80 STORAGE LOCATION/IMPOUND #	
81 OTHER EVIDENCE SEIZED/PROPERTY SEIZED		82 JUVENILE		83 RELEASED TO		84 PARENT OR GUARDIAN (LAST, FIRST, MIDDLE NAME)	
85 ADDRESS (STREET, CITY, STATE, ZIP)		86 PHONE		87 PARENTS EMPLOYER		88 OCCUPATION	
89 ADDRESS (STREET, CITY, STATE, ZIP)		90 PHONE		91 DATE AND TIME OF RELEASE		92 RELEASING OFFICER NAME	
93 AGENCY/DIVISION		94 ID #		95 RELEASED TO:		96 AGENCY/DIVISION	
97 AGENCY ADDRESS		98 PERSONAL PROPERTY RELEASED TO ARRESTEE		99 PROPERTY NOT RELEASED/HELD AT:		100 PROPERTY #	
101 REMARKS (NOTE ANY INJURIES AT TIME OF RELEASE)		102 SIGNATURE OF RECEIVING OFFICER		103 SIGNATURE OF RELEASING OFFICER		104 STATE USE	
105 CASE #		106 CASE #		107 SFX		108 CASE #	
109 SFX		110 ADDITIONAL		111 WATCH CMDR.		112 ID #	
113 ARRESTING OFFICER (LAST, FIRST, M.)		114 ID #		115 SUPERVISOR		116 WATCH CMDR.	

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

### ALABAMA UNIFORM ARREST REPORT

Fingerprinted	R&I Completed
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

**TYPE OR PRINT IN BLACK INK ONLY**

Judge/Clerk/Magistrate

Judge/Clerk/Magistrate

Date Sentence Begins

700 67

until he/she is legally discharged from your custody by this court.

SCD

You are ordered to receive into your custody the above named defendant, charged with the

From G. and

07/19/86

~~✓~~ MUNICIPALITY OF SAMSON

MUNICIPAL COURT

GENEVA COUNTY

State of Alabama  
United Judicial System

(Case Number





7/30/04  
1/29/04  
8/10  
Sawyer

JUL 29 2004  
Joe Sawyer

Judge  
1/29/04

The foregoing motion to revoke bond has been presented to the court. Based on the foregoing the court is of the opinion it should be ~~granted~~ ~~This matter is set for hearing~~ the 5<sup>th</sup> day of August, 2004, at 9:30am. Defendant is to be held without bond until said hearing.

ORDER

Stephen G. Smith  
Assistant District Attorney

I certify that a copy of the foregoing has been served on Joe Sawyer Jr., attorney for defendant by placing a copy of same in the United States mail this 27<sup>th</sup> day of July, 2004.  
Done and dated this the 27<sup>th</sup> day of July, 2004.

For the above stated reasons the State of Alabama through the District Attorney's Office hereby request the defendants bond be revoked for committing new offenses while out on bond.

1. Jowell S Nunn was arrested on May 14, 2003 for Possession of Marijuana 1<sup>st</sup> and bonded out on a \$1,000.00 bond. On July 12, 2003, Jowell S Nunn was arrested for Robbery 1<sup>st</sup> and bonded out on a \$5,000.00 bond.
  2. On July 27, 2004, while out on bond for said previous charges, Jowell S Nunn was again arrested and charged with Trafficking a Controlled Substance To-Wit: cocaine, Possession Marijuana 1<sup>st</sup>, and Possession of Drug Paraphernalia To-Wit: scales.
- Comes now the Assistant District Attorney for Geneva County, Alabama, and moves this Honorable Court to Revoke the Defendants bond, and for reason thereto shows as follows:

MOTION REVOKE BOND

CASE NUMBERS  
CC-03-378

IN THE CIRCUIT COURT OF  
GENEVA COUNTY, AL

JUL 27 2004  
CLERK  
Joe Sawyer

FILED IN OFFICE

STATE OF ALABAMA  
PETITIONER  
VS  
JOWELL S NUNN  
DEFENDANT



1 ORI #		2 AGENCY NAME		3 CASE #		4 SFX	
5 LAST, FIRST, MIDDLE NAME		6 ALIAS AKA		7 SEX		8 RACE	
9 HGT.		10 WGT.		11 EYE		12 HAIR	
13 SKIN		14		15 PLACE OF BIRTH (CITY, COUNTY, STATE)		16 SSN	
17 DATE OF BIRTH		18 AGE		19 MISCELLANEOUS ID #		20 #ID #	
21 FINGERPRINT CLASS		22 DL #		23 ST		24 FBI #	
25 IDENTIFICATION COMMENTS		26 RESIDENT		27 HOME ADDRESS (STREET, CITY, STATE, ZIP)		28 RESIDENCE PHONE	
29 OCCUPATION (BE SPECIFIC)		30 EMPLOYER (NAME OF COMPANY/SCHOOL)		31 BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)		32 BUSINESS PHONE	
33 LOCATION OF ARREST (STREET, CITY, STATE, ZIP)		34 SECTOR #		35 ARRESTED FOR YOUR JURISDICTION?		36 ARRESTED BEFORE	
37 RESIST ARREST?		38 INJURIES?		39 ARMED?		40 DESCRIPTION OF WEAPON	
41 DATE OF ARREST		42 TIME OF ARREST		43 DAY OF ARREST		44 TYPE ARREST	
45 ARRESTED BEFORE		46 CHARGE-1		47 UCR CODE		48 CHARGE-2	
49 UCR CODE		50 STATE CODE/LOCAL ORDINANCE		51 WARRANT #		52 DATE ISSUED	
53 STATE CODE/LOCAL ORDINANCE		54 WARRANT #		55 DATE ISSUED		56 UCR CODE	
57 UCR CODE		58 CHARGE-3		59 UCR CODE		60 STATE CODE/LOCAL ORDINANCE	
61 WARRANT #		62 DATE ISSUED		63 STATE CODE/LOCAL ORDINANCE		64 WARRANT #	
65 ARREST DISPOSITION		66 IF OUT ON RELEASE		67 ACCOMPLICE (FULL NAME)		68 ARRESTED WITH (1) ACCOMPLICE (FULL NAME)	
69 ACCOMPLICE (FULL NAME)		70 YR		71 VMA		72 VMO	
73 VST		74 VCO TOP		75 TAG #		76 LIS	
77 LIV		78 VIN		79 IMPOUNDED?		80 STORAGE LOCATION/IMPOUND #	
81 OTHER EVIDENCE SEIZED/PROPERTY SEIZED		82 JUVENILE		83 HANDLED AND RELEASED		84 JUVENILE	
85 REF. TO JUVENILE COURT		86 REF. TO WELFARE AGENCY		87 REF. TO ADULT COURT		88 RELEASED TO	
89 PARENT OR GUARDIAN (LAST, FIRST, MIDDLE NAME)		90 ADDRESS (STREET, CITY, STATE, ZIP)		91 PHONE		92 PARENTS EMPLOYER	
93 OCCUPATION		94 ADDRESS (STREET, CITY, STATE, ZIP)		95 PHONE		96 PARENTS EMPLOYER	
97 AGENCY/DIVISION		98 AGENCY ADDRESS		99 AGENCY/DIVISION		100 PROPERTY #	
101 REMARKS (NOTE ANY INJURIES AT TIME OF RELEASE)		102 SIGNATURE OF RECEIVING OFFICER		103 SIGNATURE OF RELEASING OFFICER		104 CASE #	
105 SFX		106 CASE #		107 SFX		108 CASE #	
109 SFX		110 ADDITIONAL CASES CLOSED		111 WATCH CMDR		112 ID #	
113 ARRESTING OFFICER (LAST, FIRST, M.)		114 ID #		115 SUPERVISOR		116 WATCH CMDR	
117 ARRESTING OFFICER (LAST, FIRST, M.)		118 ID #		119 SUPERVISOR		120 WATCH CMDR	

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

Fingerprinted	R84 Completed
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

## ALABAMA UNIFORM ARREST REPORT



IN THE CIRCUIT COURT OF  
GENEVA COUNTY, AL

CASE NUMBERS

CC-03-288

**FILED IN OFFICE**

JUL 27 2004

CLERK

MOTION REVOKE BOND

STATE OF ALABAMA  
PETITIONER

VS  
JOWELL S NUNN  
DEFENDANT

Comes now the Assistant District Attorney for Geneva County, Alabama, and moves this Honorable Court to Revoke the Defendants bond, and for reason thereto shows as follows:

1. Jowell S Nunn was arrested on May 14, 2003 for Possession of Marijuana 1st and bonded out on a \$1,000.00 bond. On July 12, 2003, Jowell S Nunn was arrested for Robbery 1st and bonded out on a \$5,000.00 bond.

2. On July 27, 2004, while out on bond for said previous charges, Jowell S Nunn was again arrested and charged with Trafficking a Controlled Substance To-Wit: cocaine, Possession Marijuana 1st, and Possession of Drug Paraphernalia To-Wit: scales.

For the above stated reasons the State of Alabama through the District Attorney's Office hereby request the defendants bond be revoked for committing new offenses while out on bond.

Done and dated this the 27th day of July, 2004

I certify that a copy of the foregoing has been served on Joe Sawyer Jr., attorney for defendant by placing a copy of same in the United States mail this 27th day of

*Stephen G. Smith*  
Stephen G. Smith  
Assistant District Attorney

ORDER

The foregoing motion to revoke bond has been presented to the court. Based on the foregoing, the court is of the opinion it should be ~~granted~~. This matter is set for hearing until said hearing.

*[Signature]*  
Judge  
9/29/04

JUL 29 2004

*[Signature]*

9/30/04  
Clerk  
Dif  
Sawyer Jr  
8/10



ALABAMA JUDICIAL INFORMATION SYSTEM  
CASE: DC 2004 001014.00  
PAGE: 1  
Q-PR: MAH  
IN THE DISTRICT COURT OF GENEVA  
STATE OF ALABAMA  
VS  
NUNN JOWELL S  
202 S BROAD ST  
SAMSON, AL 36477 0000  
DOB: 01/08/1977  
SSN: 422847896 ALIAS NAMES:  
CHARGE01: USE/POSS DRUG PARAPH CODE01: VDRI LIT: USE/POSS DRUG TYP: M #: 001  
OFFENSE DATE: 07/27/2004  
DATE WAR/CAP ISS: 07/27/2004  
DATE INDICTED: 07/27/2004  
DATE RELEASED: 07/27/2004  
BOND AMOUNT: \$ .00  
DESC: 0000  
DESC: 0000  
TIME: 0000  
TIME: 0000  
TRACKING NOS: WR 2004 000740 00 /  
DEF/ATY: TYPE:  
PROSECUTOR: EMERY DAVID C  
00000  
00000  
JTH CSE: WR200400074000 CHK/TICKET NO:  
COURT REPORTER:  
SID NO:  
DEF STATUS: JAIL  
DUE: MAH  
OPER: MAH  
TRANS DATE  
ACTIONS, JUDGEMENTS, AND NOTES  
=====

07/28/2004	07/28/2004	07/28/2004	07/28/2004	07/28/2004	07/28/2004	07/28/2004	07/28/2004	07/28/2004	07/28/2004
MAH	(AR01)	CHARGE 01: USE/POSS DRUG PARAPH/#CNTS: 001	MAH	(AR01)	FILED ON: 07/27/2004	MAH	(AR01)	DEFENDANT ARRESTED ON: 07/27/2004	MAH
MAH	(AR01)	INITIAL STATUS SET TO: "J" - JAIL	MAH	(AR01)	CASE ACTION SUMMARY PRINTED	MAH	(AR08)		MAH

6/14/25  
Ltr dismissed as part of plea agreement  
CT-4281003-28  
Copy goes to Mr Robinson, Hughes Hall & 8/10 MAH

fail





ACR0369 ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY  
CONTINUATIONCASE: CC 2003 000378.00  
JUDGE ID: PBMSTATE OF ALABAMA  
VS  
NUNN JOWELL SCARPINO

ACTION, JUDGMENTS, CASE NOTES

DATE

3/11/05

3/16/2005

3/17/2005

4/26/05

4/28/05

5/5/05

5/5/2005

5/5/2005

6/14/05

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3/16/2005

3/17/2005



CB2716-3

ALABAMA DEPARTMENT OF CORRECTIONS  
INMATE SUMMARY AS OF 06/29/2005INST: 231  
CODE: CIADM

AIS: 002040385 INMATE: NUNN, JOWELL S

RACE: B SEX: M

INST: 231 - GENEVA

DORM: 00 JAIL CR: 000Y 10M 14D

DOB: 01/08/1977 SSN: 422-84-7396

PREVIOUS AIS: P0027901

ALIAS: NUNN, JOWELL SCARPIN

ALIAS: NUNN, JOWELL SCARPIN

ADM DT: 06/14/2005 DEAD TIME: 000Y 00M 00D

ADM TYP: NEW COMMIT FROM CRT M/O REV OF

CURRENT CUST: CTA-9 CURRENT CUST DT: 06/14/2005 PAROLE REVIEW DATE: - NONE -

SECURITY LEVEL: NO CLASSIFICATION RECORD FOUND

SERVING UNDER ACT446 LAY IN CLASS IV

CURRENT CLASS DATE: 06/14/2005

INMATE IS EARNING: PROHIBITED FROM EARNING GOODTIME

COUNTY

SENT DT CASE NO CRIME

JL-CR

TERM

GENEVA

06/14/05 NC3000288 POSS MARIJUANA I

05390 025Y 00M 00D CS

ATTORNEY FEES: \$000985

HABITUAL OFFENDER: Y

RESTITUTION: \$0000000

GENEVA

06/14/05 NC4000428 POSS CONTROL SUBSTANCE

03140 025Y 00M 00D CC

ATTORNEY FEES: \$000000

HABITUAL OFFENDER: Y

RESTITUTION: \$0001210

COURT COSTS: \$0000287

FINES: \$0000000

RESTITUTION: \$0001210

TOTAL TERM

MIN REL DT

GOOD TIME BAL

GOOD TIME REV

LONG DATE

025Y 00M 00D

07/29/2029

000Y 00M 00D

000Y 00M 00D

07/29/2029

INMATE LITERAL: JUEL DIAGNOSIS 2005

DETAINER WARRANTS SUMMARY

INMATE CURRENTLY HAS NO DETAINER WARRANT RECORDS

ESCAPEE-PAROLE SUMMARY

INMATE CURRENTLY HAS NO PAROLE RECORDS

INMATE CURRENTLY HAS NO PROBATION 754 RECORDS

INMATE HAS NO ESCAPES FROM ADDC SINCE OBSCIS RECORDING B

DISCIPLINARY/CITATION SUMMARY

INMATE CURRENTLY HAS NO DISCIPLINARY/CITATION RECORDS



1/6/2005

COPY OF CAS TO DA, BRANTLEY, SAWYER, HUGHES AND S/O. mh

1/5/2005

MOTION FOR TOM BRANTLEY TO WITHDRAW GRANTED. JOE SAWYER IS STILL DEFENDANT'S ATTORNEY. /s/ P B McLAUGHLIN, JR

11/5/05

10/1/04 Court to Dr.  
 11/3/05 Motion to withdraw, del. damage to attain  
 other counsel, ruled in atty. Brantley's  
 favor. In 1/5/05, I will draw  
 Court. Mr. Sawyer is still DA's attorney.

DATE

ACTION, JUDGMENTS, CASE NOTES

STATE OF ALABAMA

VS

NUNN JOVELL BOARFIND

CASE ACTION SUMMARY

CONTINUATION

CASE: 00 2003 000378, 00

JUDGE ID: KMB

J369 ALABAMA JUDICIAL INFORMATION CENTER

30



STATE OF ALABAMA  
 COUNTY OF GENOVA  
 Clerk, Register  
 June 27, 2005  
 Witness my hand and seal this  
 day of June, 2005.

CERTIFICATE OF SERVICE  
 I certify that I have served a copy of the foregoing  
 document on the parties named in the above  
 captioned case by first class mail, postage  
 paid, to the parties at their last known  
 addresses.  
 This the 27th day of June, 2005.  
 Clerk

Circuit Judge  
 R. D. Williams

Done and ordered on this the 27th day of June, 2005.

Pursuant to the consent agreement of the parties, it is hereby ordered and  
 adjudged that all rights and interests of JOWELL S. NUNN to \$7350.00 in U.S. Currency  
 seized by the Geneva County Drug Task Force and the Samson Police Department on  
 July 27, 2004, be forfeited as follows: \$2940.00 (40%) to the Geneva County Sheriff's  
 Department (Drug Fund) and \$4410.00 (60%) to the Samson Police Department to be  
 used for the benefit of law enforcement.

### CONSENT JUDGMENT

JOWELL S. NUNN,

v.

STATE OF ALABAMA,

IN THE CIRCUIT COURT  
 FOR GENOVA COUNTY, ALABAMA

CV 04-96-Q

FILED IN OFFICE

JUN 23 2005

CLERK

Jowell Nunn  
 D. A. Galt





ALABAMA JUDICIAL INFORMATION CENTER

CASE ACTION SUMMARY  
CONTINUATIONCASE: 00 2004 000428.00  
JUDGE ID: KWBVS  
MUNN JOWELL S

STATE OF ALABAMA

DATE ACTION, JUDGMENTS, CASE NOTES

9/24/04

Motion to suppress as directed by the Court. *W*

9/28/04

Copy of affs to DA Brantley, Hughes + S/O. *W*

10/8/04

Order of 04-427-*W*

11/3/05

Motion to withdraw, dt. drawn to return office  
original filed by atty Brantley.

1/5/2005

SAME ORDER AS CC-03-378. MOTION TO WITHDRAW GRANTED. /s/ PBM

1/6/2005

COPY OF CAS TO DA, BRANTLEY, HUGHES AND S/O. mh

5/10



CASE: 00 2004 000427.00

JUDGE ID: KWB

CASE ACTION SUMMARY  
CONTINUATION

ALABAMA JUDICIAL INFORMATION CENTER

STATE OF ALABAMA

VS

NUNN JOWELL S

DATE

ACTION, JUDGMENTS, CASE NOTES

10/8/04 Motion to Continue filed by City/Barrett  
 10/14/04 Cont'd.  
 12/24/04 Motion from all concerned atty.  
 1/3/05 Motion to withdraw atty. advised to return  
 1/5/2005 SAME ORDER AS CC-03-378. MOTION TO WITHDRAW GRANTED. /S/ PBM  
 1/6/2005 COPY OF CAS TO DA, BRANTLEY, HUGHES AND S/O. mh

5/0



TYPE OR PRINT IN BLACK INK ONLY

ACJIC-34 REV. 10-90

1 ONI #		2 AGENCY NAME		3 CASE #		4 SFX	
5 LAST, FIRST, MIDDLE NAME		6 ALIAS AKA		7 NONE		8	
9 SEX		10 RACE		11 HGT.		12 WGT.	
13 EYE		14 HAIR		15 SKIN		16	
17 DATE OF BIRTH		18 AGE		19		20	
21 PLACE OF BIRTH (CITY, COUNTY, STATE)		22 SSN		23		24	
25 FINGERPRINT CLASS		26 KEY		27 MAJOR		28 PRIMARY	
29 SCAR		30 MARKS		31 AMPUTATIONS		32	
33 IDENTIFICATION COMMENTS		34		35		36	
37 HOME ADDRESS (STREET, CITY, STATE, ZIP)		38 RESIDENCE PHONE		39 OCCUPATION (BE SPECIFIC)		40 BUSINESS PHONE	
41 EMPLOYER (NAME OF COMPANY/SCHOOL)		42		43		44	
45 LOCATION OF ARREST (STREET, CITY, STATE, ZIP)		46		47		48	
49 CONDITION OF		50 SOBER		51 RESIST ARREST		52 INJURY	
53 ARRESTED?		54		55		56	
57 DATE OF ARREST		58 TIME OF ARREST		59		60	
61 CHARGE-1		62		63		64	
65 CHARGE-2		66		67		68	
69 CHARGE-3		70		71		72	
73 STATE CODE/LOCAL ORDINANCE		74		75		76	
77 DATE ISSUED		78		79		80	
81 STATE CODE/LOCAL ORDINANCE		82		83		84	
85 DATE ISSUED		86		87		88	
89 STATE CODE/LOCAL ORDINANCE		90		91		92	
93 DATE ISSUED		94		95		96	
97 STATE CODE/LOCAL ORDINANCE		98		99		100	
101 DATE OF RELEASE		102		103		104	
105 RELEASED TO:		106		107		108	
109 AGENCY/DIVISION		110		111		112	
113 AGENCY ADDRESS		114		115		116	
117 AGENCY ADDRESS		118		119		120	
121 AGENCY ADDRESS		122		123		124	
125 AGENCY ADDRESS		126		127		128	
129 AGENCY ADDRESS		130		131		132	
133 AGENCY ADDRESS		134		135		136	
137 AGENCY ADDRESS		138		139		140	
141 AGENCY ADDRESS		142		143		144	
145 AGENCY ADDRESS		146		147		148	
149 AGENCY ADDRESS		150		151		152	
153 AGENCY ADDRESS		154		155		156	
157 AGENCY ADDRESS		158		159		160	
161 AGENCY ADDRESS		162		163		164	
165 AGENCY ADDRESS		166		167		168	
169 AGENCY ADDRESS		170		171		172	
173 AGENCY ADDRESS		174		175		176	
177 AGENCY ADDRESS		178		179		180	
181 AGENCY ADDRESS		182		183		184	
185 AGENCY ADDRESS		186		187		188	
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821 AGENCY ADDRESS		822		823		824	
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829 AGENCY ADDRESS		830		831		832	
833 AGENCY ADDRESS		834		835		836	
837 AGENCY ADDRESS		838		839		840	
841 AGENCY							



State of Alabama Unified Judicial System Form C-41 Rev. 11/92		ORDER OF COMMITMENT TO JAIL		Case Number 96020055
IN THE Municipal COURT OF Samsen ALABAMA (Name of Municipality or County)				
v. <u>Swell Nunn</u> Defendant				
TO THE JAILER OF <u>Geneva County Jail</u> You are ordered to receive into your custody the above-named defendant, charged with the offense(s) of <u>Theft 3rd</u>				
until he/she is legally discharged from your custody by this court.				
Reason(s) for Commitment: <u>Theft 3rd</u>				
Sentence: <u>96 hours</u> <u>OR 4 days</u> <u>Can be served one day at a time or by hour</u>				
Date Sentenced 03-18-96		Jail Credit	Date Sentence Begins	
Must complete Time by April 8th				
Date March 18, 1996				
Judge/Clerk/Magistrate Bonnie F. D'Amato				





ACR0369 ALABAMA JUDICIAL INFORMATION CENTER  
CASE: CC 2004 000428.00  
JUDGE ID: KWO

CASE ACTION SUMMARY  
CONTINUATION

STATE OF ALABAMA VS NUNN JOWELL S

DATE ACTION, JUDGMENTS, CASE NOTES

7/11/05

*Motion to withdraw guilty plea filed by Robinson*  
*Motion to withdraw as counsel filed by Robinson*

7/15/2005

MOTION TO WITHDRAW PLEA AND MOTION TO WITHDRAW AS COUNSEL WILL BE

HEARD ON 8/5/2005 AT 9:00 A.M. /s/ KENNETH W QUATTLEBAUM

7/20/2005

COPY OF CAS TO DA, ROBINSON, HUGHES, CRO, JAIL AND S/O. mh



## GENEVA COUNTY JAIL

## BOOKING SHEET

Date 7-1-97 Time 2:15 pm

Name Noon (LAST) Towell (FIRST) (MIDDLE)

Alias

Date of Arrest 7-1-97

Race B Sex M Age 20 Eyes Br Hair Blk

Ht. 6-5 Wt. 171 DOB 7-5-77 Photo yes F.P. C.C.

Address 202 S. Broad St (STREET) (APT.) (CITY) (STATE) (ZIP)

Telephone 895-2734

NCIC Check

Next of Kin Relationship

Charge to own house Bond 10,000 Charge Bond Charge Bond Charge Bond

## RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature AGENCY

BOOKING OFFICER Eugene Campbell (Please Print)

Signature of Person Released

Signature of Releasing Officer

Date of Release 7-1-97 Time 2:30 pm Type of Release Thompson Bond



DATE	TIME	MEDICATION	OFFICER'S INITIALS	INMATE'S SIGNATURE
4-1-99				
4-1-99	6:00A			
4-2-99	6:00A			
4-3-99	6:00A			
4-4-99	6:00A			
4-4-99	5:30 PM			
4-5-99	6:13			
4-5-99	5:30 PM			
4-6-99	6:15			
4-6-99	5:30			
4-7-99	6:30 AM			
4-8-99	6:00A			
4-9-99				

Name of Inmate:

MEDICATION LOG

GENEVA COUNTY SHERIFF'S DEPARTMENT



HOLD

P.O.E. *Unemployed*  
 OCCUPATION  
 P.O.B. *Alameda*  
 WARRANT #  
 WARRANT #  
 WARRANT #  
 WARRANT #  
 Signature of Person Released  
 Type of Release *K.I.B.Y.*  
 Date of Release *7/25/06*  
 Time *8:40*  
 Signature of Releasing Officer  
 I have received all properties taken from me by the Geneva County Sheriff's Department.

## RELEASE INFORMATION

BOOKING OFFICER *Joe Newsum*  
 AGENCY  
 ARRESTING OFFICER *William Nichols*  
 Charge *Trunking w/s*  
 Charge *Poss. of Drug Par.*  
 Charge *Poss. of Drug Par.*  
 Address (STREET) (APT.) (CITY) (STATE) (ZIP)  
 Next of Kin  
 NCIC Check  
 Telephone  
 I.D. No.  
 Date of Arrest *7-27-04*  
 Race *B*  
 Sex *M*  
 Age *27*  
 Eyes *Bro*  
 Hair *Blk*  
 Social Security No. *422-84-2896*  
 Name (LAST) (FIRST) (MIDDLE)  
 Date *7-27-04*  
 Time *8:50 am*

Probation Check  
 Warrant Book

# GENEVA COUNTY JAIL

## BOOKING SHEET

# BOOKING SHEET

## HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- |                                                 |                                                           |
|-------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> a. Asthma              | <input type="checkbox"/> m. Hepatitis                     |
| <input type="checkbox"/> b. Heart Trouble       | <input type="checkbox"/> l. Faintly of recent head injury |
| <input type="checkbox"/> c. Hypertension        | <input type="checkbox"/> k. Ulcer                         |
| <input type="checkbox"/> d. Diabetes            | <input type="checkbox"/> j. Tuberculosis                  |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> i. Venereal Disease              |
| <input type="checkbox"/> f. Drug Addiction      | <input type="checkbox"/> h. Mental Illness                |
|                                                 | <input type="checkbox"/> g. Alcoholism                    |

If any response was yes, please explain and give date of last treatment.

*no*

2.

Are you allergic to anything?

*yes*

If yes, what?

*Fish*

3.

Have you ever been determined to be HIV positive?

*no*

If yes, when?

4.

Are you currently taking any prescription medication?

*no*

If yes, what?

For what?

5.

Does the inmate require a special diet prescribed by a physician?

*no*

If yes, what?

For what?

6.

Do you have any other medical or mental problem we should know about?

*no*

If yes, what?

Inmate Name

Date

Time



GENEVA COUNTY JAIL

I, Donell Brown, HAVE BEEN ADVISED BY \_\_\_\_\_, THE JAILER OF THE FOLLOWING;

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO SEARCH BY AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND

ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR CORRESPONDENCE WITH COURT OFFICIALS

[Signature]  
INMATE SIGNATURE

[Signature]  
JAILERS SIGNATURE

DATE 7-27-04

DATE 7-27-04

# BOOKING SHEET

Inmate Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

1. Check One: \_\_\_\_\_

☒ This inmate was cooperative in responding to the above questions and allowing me to observe him.

☐ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability: \_\_\_\_\_

2. I certify that I have today observed inmate Tonyell Alston, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

Signature of Booking Officer \_\_\_\_\_

Date: 7-27-04

Time: 8:50 AM

GENEVA COUNTY JAIL  
Prisoner's Activity Sheet

DATE	Prisoner's Name	Activity	Amount
7-29-04	Towall, Aaron	Prisoner's Cash	100,000.00
		May 1st	13,000.00
		Gas	1,000.00
		1st Ap	11,000.00
		2nd Ap	1,000.00
		3rd Ap	1,000.00
		4th Ap	1,000.00
		5th Ap	1,000.00
		6th Ap	1,000.00
		7th Ap	1,000.00
		8th Ap	1,000.00
		9th Ap	1,000.00
		10th Ap	1,000.00
		11th Ap	1,000.00
		12th Ap	1,000.00
		13th Ap	1,000.00
		14th Ap	1,000.00
		15th Ap	1,000.00
		16th Ap	1,000.00
		17th Ap	1,000.00
		18th Ap	1,000.00
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		20th Ap	1,000.00
		21st Ap	1,000.00
		22nd Ap	1,000.00
		23rd Ap	1,000.00
		24th Ap	1,000.00
		25th Ap	1,000.00
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		27th Ap	1,000.00
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		31st Ap	1,000.00
		32nd Ap	1,000.00
		33rd Ap	1,000.00
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		42nd Ap	1,000.00
		43rd Ap	1,000.00
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		81st Ap	1,000.00
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		83rd Ap	1,000.00
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		86th Ap	1,000.00
		87th Ap	1,000.00
		88th Ap	1,000.00
		89th Ap	1,000.00
		90th Ap	1,000.00
		91st Ap	1,000.00
		92nd Ap	1,000.00
		93rd Ap	1,000.00
		94th Ap	1,000.00
		95th Ap	1,000.00
		96th Ap	1,000.00
		97th Ap	1,000.00
		98th Ap	1,000.00
		99th Ap	1,000.00
		100th Ap	1,000.00



## INMATE ACTIVITY FORM

DATE \_\_\_\_\_

Small Num

3-26-96 Suspect checked in to do 2 days of his

2 days selected by 55-50-51.55

3-28-96	Subcut checked out after serving 2 days
---------	-----------------------------------------

44-2-96	SYB, CHECK IN AT 6:00 AM TO SERVE TWO DAY
---------	-------------------------------------------

FOR 54M50N, GET cut THAR, ATC: 00 & M

26-4-26	Exd. checked at 6:00 am. saved till 4:00.
---------	-------------------------------------------

2-18-91	5-55: Proceed At C.T. changes of
---------	----------------------------------

May 6<sup>th</sup> to occupied Vol. B. del

0.500.00 Property Sold.

2-19-97	Subj booked in CT for Pass Stole - Report
---------	-------------------------------------------

5487	5487. 1375450 011 1381 137ND
------	------------------------------

5-97	Wk 4 <sup>th</sup> for Ray
------	----------------------------

5-12-97	5065 Released on Property Bond
---------	--------------------------------

7-1-97	Subj Placed in CI for Interviewing McCall to return vehicle
--------	-------------------------------------------------------------

7/98	Bonded	Throgt Thompson Bonding
------	--------	-------------------------

-2/- = 10	SST	P/qc	1 - a-J.	o - change CF
-----------	-----	------	----------	---------------

ETA-0117 5-1

521-

9-20-98	Bulb, <i>Leptochloa</i> sp. <i>Leptochloa</i> sp. 9"10 (Am)
---------	-------------------------------------------------------------

5600

23-99 Placed OJ TF = BK 7/10 1/10 1/10

66-51

4.99 ~~It is~~ a St. Inmate as of this date - 3 Apr -



08/04/2005

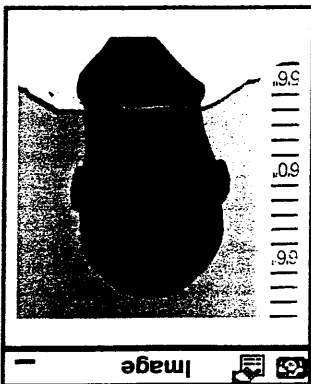
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[1/1]



TOOLS

SEARCH  
LIST  
SAVE  
INSERT  
DELETE  
REQUERY  
PRINT  
PREVIEW  
FIRST  
PREVIOUS  
NEXT  
LAST



AIS #: 204088

Name: NUNN JOWEL SCARPINO

Race: B Sex: M

DOB: 01/08/1977

Height: 6'05

Weight: 230

Eye Color: BRO

Hair Color: BLK

ID Marks:

Location: Ventress CF

Photo Date:

Print Count:

Last Changed By:

Reprint Needed:





ADDITIONAL COMMENTS

COMMENTS:

SEQ#: 04

NAME: LAMONT NUNN  
ADDRESS: 202 SOUTH BROAD ST

STATUS:

AL 36477

SAMSON

RELATION: BROTHER

PHONE: 999)999-9999

COMMENTS:

SEQ#: 03

NAME: MICHAEL SOLES  
ADDRESS: 202 SOUTH BROAD ST

STATUS:

AL 36477

SAMSON

RELATION: M FRIEND

PHONE: 334)898-1277

COMMENTS:

SEQ#: 02

NAME: LETITA CALDWELL  
ADDRESS: P O BOX 13 SOUTH RIPLEY ST

STATUS:

AL 36477

SAMSON

RELATION: F FRIEND

PHONE: 334)898-9642

COMMENTS:

SEQ#: 01

NAME: LINDA NUNN  
ADDRESS: 202 SOUTH BROAD ST

STATUS:

AL 36477

SAMSON

RELATION: MOTHER

PHONE: 334)898-1277

AIS# 204088 NAME: NUNN, JOWEL

RACE: B SEX: M BBD: 09A024

INMATE AND ACTIVE/INACTIVE VISITORS

VENTRESS CORR FAC

AUG. 04, 2005

INVIS2  
PAGE: 1



P.O.B.

P.O.E.

OCCUPATION

WARRANT #

WARRANT #

WARRANT #

WARRANT #

Signature of Releasing Officer

Date of Release

Signature of Person Released

I have received all properties taken from me by the Geneva County Sheriff's Department.

## RELEASE INFORMATION

BOOKING OFFICER

AGENCY

Signature

ARRESTING OFFICER

Charge *Int. Rel. 1/3* BondCharge *Rel. 2/3* BondCharge *Rel. 3/3* Bond

Address

Next of Kin

NCIC Check

Telephone

I.D. No.

Address

Ht.

Wt.

DOB

Age

Eyes

Hair

F.P.

Social Security No.

Date of Arrest

Alias

Name

Date

Time

Warrant Book

Probation Check

## BOOKING SHEET

## GENEVA COUNTY JAIL

